

**Application for the review of a premises licence or club premises certificate under the
Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I Home Office (Immigration Enforcement)

apply for the review of a premises licence under section 51 / apply for the review of a club premises certificate under section 87 of the Licensing Act 2003 for the premises described in Part 1 below

Part 1 – Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description Jaflong 51, Market Square Bicester OX26 6AJ	
Post town Bicester	Post code (if known) OX26 6AJ

Name of premises licence holder or club holding club premises certificate (if known) Jaflong Mr Shakur Ali - Since 2005.

Number of premises licence or club premises certificate (if known)

Part 2 - Applicant details

I am

Please tick ✓ yes

1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)

2) a responsible authority (please complete (C) below)

3) a member of the club to which this application relates
(please complete (A) below)

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)

Please tick ✓ yes

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick ✓ yes

**Current postal
address if
different from
premises
address**

Post town

Post Code

Daytime contact telephone number

**E-mail address
(optional)**

(B) DETAILS OF OTHER APPLICANT

Name and address

Telephone number (if any)

E-mail address (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Home Office
Immigration Enforcement
Alcohol Licensing Team
Lunar House
40 Wellesley Road
Croydon
CR9 2BY

Telephone number (if any)

E-mail address (optional)
IE.Alcoholreviews@homeoffice.gov.uk

This application to review relates to the following licensing objective(s)

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Please tick one or more boxes ✓

Please state the ground(s) for review (please read guidance note 2)

We have grounds that the license holder has failed to meet the licensing objectives of prevention of crime and disorder, as illegal working has been identified at these premises.

Section 36 and Schedule 4 of the Immigration Act 2016 (the 2016 Act) amended the Licensing Act 2003 (the 2003 Act) to introduce immigration safeguards in respect of licensing applications made in England and Wales on or after 6 April 2017. The intention is to prevent illegal working in premises licensed for the sale of alcohol or late-night refreshment.

Please provide as much information as possible to support the application (please read guidance note 3)

ENTRY: S179 OF THE LICENSING ACT 2003.

Address: JAFLONG 521 MARKET SQUARE, BICESTER, OX26 6AJ.

On 11/10/2019 at 18:35 hours Officers from the Home Office and Licensing Officer visited the above address as information received that there were immigration offenders present.

As officers were getting out of the vans at the rear of the premises a waiter appeared and saw officers and then disappeared into the premises and another male ran from the premises who was caught by officers.

Immigration Enforcement officers gained entry by speaking to the person in charge (the son of the owner). She introduced herself, showed her warrant ID card and explained the reason for the visit. There were 7 members of staff on site, 5 were suspected of working illegally and two of the encountered males were arrested for immigration offences.

The premises was in bad condition and there were 8 bed spaces found upstairs over the 1st and 2nd floors. The Fire Doors had had the handles removed and there were no obvious working smoke alarms. In the cellar the walls had been knocked through and it appeared they had also gone through the neighboring property walls also. There was food stored on the floor in the cellar around the rubble. Also the back door in the kitchen area opened out into a small courtyard which was filled with pigeons, mess and feathers, no protection to stop them entering into the kitchen area and definitely a health risk. The carpets need replacing as offices boots had stuck to them.

The Fire Service was called to attend to ensure the premises was safe to remain open. At the time of this report I am awaiting the Fire Service update.

Full details and review pack will be sent shortly.

Please tick ✓ yes

Have you made an application for review relating to the premises before

If yes please state the date of that application

Day Month Year

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If you have made representations before relating to the premises please state what they were and when you made them

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Please tick ✓

yes

- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

Part 3 – Signatures (please read guidance note 4)

Signature of applicant or applicant’s solicitor or other duly authorised agent (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature Home Office Immigration Enforcement
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Date 04/03/2020
.....

CapacityResponsible Authority.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6) Alcohol Licensing Team Lunar House 40 Wellesley Road	
Post town Croydon	Post Code CR9 2BY
Telephone number (if any)	
If you would prefer us to correspond with you using an e-mail address your e-mail address (optional) IE.Alcoholreviews@homeoffice.gov.uk	

Notes for Guidance

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.