



CHERWELL DISTRICT COUNCIL
LICENSING AUTHORITY

Application for the review of a premises licence or club premises certificate

17 DEC 2008

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 Rob Lowther, Anti Social Behaviour Manager apply for the review of a
(insert name of applicant)
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 (delete as applicable)

Part 1 - Premises or club premises details

Postal address of premises or club premises, or if none, ordnance survey map reference or description	
Que Pasa 64-65 High Street Banbury Oxon	
Post town Banbury	Post code (if known) OX16 5JJ

Name of premises licence holder or club holding club premises certificate (if known)
Marston's Plc Marston's House Brewery Road Wolverhampton WV1 4JT

Number of premises licence or club premises certificate (if known)
Cherwell PRM 0227

Part 2 - Applicant details

- I am
- Please tick "yes"
- 1) an interested party (please complete (A) or (B) below)
 - a) a person living in the vicinity of the premises
 - b) a body representing persons living in the vicinity of the premises
 - c) a person involved in business in the vicinity of the premises
 - d) a body representing persons involved in business in the vicinity of the premises

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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)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

Please tick "yes"

I am 18 years old or over

Current address

Post Town

Postcode

Daytime contact telephone number

E-mail address
(optional)

(B) DETAILS OF OTHER APPLICANT

Name and address

Telephone number (if any)

E-mail (optional)

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(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address Rob Lowther Anti Social Behaviour Manager Safer Communities and Community Development Cherwell district Council Bodicote House Bodicote Banbury Oxon OX15 4AA
Telephone number (if any) 01295 221623
E-mail (optional) Rob.lowther@cherwell-dc.gov.uk

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

Please tick one or more boxes Y

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

H

Please state the ground(s) for review (please read guidance note1)

That the licensing objective of the prevention of public nuisance is not being achieved in that the noise from amplified music and the noise produced by customers using the rear garden of the premises is causing disturbance to the occupants of nearby dwellings.

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Please provide as much information as possible to support the application (please read guidance note 2)

Please see schedule 1 attached.

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

Please tick
yes

If yes please state the date of that application

Day Month Year

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

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Please tick yes:

- 1 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, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures (please read guidance note 3)

Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature *R.H. Lawth*

Date 16 December 2008

Capacity
Anti Social Behavior Manager, Safer Communities and Community Development

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)	

Notes for Guidance

1. The ground(s) for review must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
3. The application form must be signed.
4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address which we shall use to correspond with you about this application.

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