Shaded sections, where possible, to be completed BEFORE being allocated to the individual undertaking the assessment. The rest to be completed by the officer undertaking the assessment. Attach AL 3 to the application form.



To be completed BEFORE:

A/B/C

Triage Categorisation

Premise Licence Application, **Police Response** 

Name of premises		Address And phone number(s)	Name of applicant (individual or company)	Company name if different to applicant
Weston N	Manor Hotel	Northampton rd Weston on the green		
Date application received & allocated to officer		TVP licensing officer dealing with application	Licensing Authority dealing with application	Type of Application
Received	30/5/12	- x 2 - 2	N8	P
Allocated	30/5/12	LM	CDC	Variation*  *delete as appropriate

Applicants correspondence address if different to premises	Date assessment process began	Date(s) contact made between licensing and applicant or other:		Other person acting on behalf of applicant
		Date	Persons Email nev clayton	
	Date Responded			198
	31/5/12			

Thames Valley Police are satisfied with this application and do not wish to make a representation