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.				
ľ		emises licen ertificate un	ce under section 51 / apply for th der section 87 of the Licensing A low (delete as applicable)	
P	Part 1 – Premises or club p	remises deta	ails	
d	Postal address of premises description Continental Food Stores 119-122 Old Tiverton Road	or, if none,	ordnance survey map reference o	or
P	Post town Exeter		Post code (if known) EX4 6LD	
k L	known) Lakha Singh Number of premises licence EXE - P00276		b holding club premises certificate mises certificate (if known	
	Part 2 - Applicant details			
1)	am an interested party (please	complete (A	Please tic) or (B) below)	k yes
	a) a person living in the vi	cinity of the p	premises	
	b) a body representing pe	rsons living i	n the vicinity of the premises	
	c) a person involved in bu	siness in the	vicinity of the premises	
	d) a body representing per premises	rsons involve	ed in business in the vicinity of the	
2)	a responsible authority (ple	ase complete	e (C) below)	\boxtimes

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable) Please tick Mr						
Mr Mrs Miss Ms Other title (for example, Rev)						
Surname First names						
I am 18 years old or over	i					
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

Name and address Chief Inspector Donna Braund C/o Licensing Department Police Station
Heavitree Road
Exeter
EX1 2LR
Telephone number (if any) 01392 451512
E-mail address (optional)
This application to review relates to the following licensing objective(s)
Please tick one or more boxes
1) the prevention of crime and disorder
2) public safety 3) the prevention of public nuisance
4) the protection of children from harm
Please state the ground(s) for review (please read guidance note 1)
Failure to comply to CCTV condition on licence which states:-
CCTV will be installed, maintained and operated to the satisfaction of the Chief Officer of Police and the Licensing Authority.
Recordings will be in colour and kept for a minimum of 14 days.
If the CCTV equipment is inoperative, the Police and Licensing Authority will be informed as soon as possible and immediate steps will be taken to put the equipment back into action.
Failure to prevent sales to intoxicated individuals contrary to Section 141 of the Licensing Act 2003.

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

Please see attached documents that are numbered and subsequently described for clarification and consideration.

As an introduction, the documents show that issues with the CCTV conditions have been on-going for some considerable time and that all efforts have been made to work with the premises to rectify the deficiencies of the CCTV sytem to ensure compliance to CCTV conditions.

The issues on sales to intoxicated customers provides further evidence of failure in management at the premises to uphold the licensing objectives.

- Item 1 Alcohol /Licensing Information Form dated 11th January 2013 and details an incident regarding known individual who when drunk was sold further alcohol. PCSO Rees notes impact of this action on members of the public.
- Item 2 Alcohol Licensing Information Form dated 15th January 2013 and details attendence at store of PCSO Rees to obtain CCTV for on-going crime investigation and failure of staff to produce required item in contravention of licence condition.
- Item 3 E-mail from Sgt 590 McMahon dated 28th January 2013 confirming visit to the premises and that threat of Section 19 closure notice not required as system recording and playing back saved material.

This visit was subsequent to Items 1 and 2 ensuring CCTV licence conditions were met.

- Item 4 Section 19 Closure Notice Fact Sheet included for information purposes
- Item 5 Alcohol/ Licensing Information Form dated 12th October 2014 and details an incident and crime for which the production of CCTV would have upheld the prevention of crime and disorder licensing objective
- Item 6 E-mail correspondence relating to the incident noted in Item 5.
- Item 7 Alcohol/Licensing Information Form dated 22nd October 2014 detailing a further visit by uniformed officers to the premises to obtain CCTV relating to the incident noted in item 5 on 12th October 2014.
- Item 8 E-mail dated 22nd October 2014 with information in support of Item 7.(Items 9 to 11 all relate to the issues following the incident on 12th October 2014)
- Item 9 Detailed Licensing time line record over many months of action taken by Licensing and Crime Prevention Officers to ensure that CCTV system conformed to licence conditions.
- Item 10 E-mails of 11th and 12th November 2014 between Licensing Officer Lesley Carlo and Video Processing Unit Supervisor Paul Dart regarding the CCTV system and the inability of police to obtain evidential images.
- Item 11 E-mails of 30th January 2015 and 5th March 2015 between Crime Prevention Officer Kris Calderhead and Jugthar Singh (Jay) concerning issues and suggested action to ensure CCTV meets licence condition requirements.
- Item 12 E-mail of 10th June 2015 relating to sale of alcohol to drunks from an Exeter City Council employee and subsequent action taken by the Police Licensing

Department as noted in the e-mail of 12th July to the Senior Licensing Officer of Exeter City Council. This item can be linked to Item 1 and shows a lack of responsibility on behalf of the premises to uphold the licensing objective of the prevention of public nuisance. Item 13 - Alcohol/Licensing Information Form dated 13th August 2015 detailing visit by PC 4463 Wooldridge to obtain CCTV in relation to an on-going criminal investigation Item 14 - Statement from PC 4463 Wooldridge dated 1st September 2015 and providing further details as regards CCTV issues at the premises and the effect on the criminal investigation. Item 15 - Copy of licence for Continental Food Store downloaded from Exeter City Council website.

	Please	tick yes
Have you made an application for review relating to this premises before		
If yes please state the date of that application Month Year	ıy	
If you have made representations before relating to this premises what they were and when you made them	please	state

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 (See guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date 11th November 2015 Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)		Please tick yes				
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 (See guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date 11 th November 2015 Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal 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 a mail address.	premises certificate, as appropria	nd enclosures to the responsible nce holder or club holding the club				
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 (See guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date 11th November 2015 Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal 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 a mail address area.	my application will be rejected	with the above requirements				
Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature Date 11 th November 2015 Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal 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 email address to the correspondence as a positive for t	TO MAKE A FALSE STATEMENT IN O	TION 158 OF THE LICENSING AGE AGA				
Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal 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 empil address read guidance note 5)	Part 3 – Signatures (please read guida	nce note 3)				
Date 11th November 2015 Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal 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 a mail address years.	Signature of applicant or applicant's solicitor or other duly authorised ag (See guidance note 4). If signing on behalf of the applicant please state in					
Capacity Chief Inspector Local Policing Area Exeter Contact name (where not previously given) and postal 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 o mail address read.	Signature					
Contact name (where not previously given) and postal 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 a mail address read.	Date 11 th November 2015					
Contact name (where not previously given) and postal 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 o mail address years.	Capacity Chief Inspector Local Policing	y Area Exeter				
Post town Post Code Telephone number (if any) If you would prefer us to correspond with you using an a mail address years.						
Post town Post Code Telephone number (if any) If you would prefer us to correspond with you using an o mail address your property and the contract of the co	Contact name (where not previously give	ven) and postal address for				
Telephone number (if any) If you would prefer us to correspond with you using an a mail address your	correspondence associated with this ap	oplication (please read guidance note 5)				
Telephone number (if any) If you would prefer us to correspond with you using an a mail address your						
If you would prefer us to correspond with you using an a mail address your	Post town	Post Code				
If you would prefer us to correspond with you using an a mail address your	Telephone number (if any)					
	If you would prefer us to correspond wit	h vou using an e-mail address vou				

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.