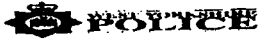


**1063 York Road, Seacroft,
Leeds 14 –**

Application to Review



RESTRICTED

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, (insert name of applicant) PC 5783 Dobson

- 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:

1063 York Road, Seacroft

Town/City: Leeds

Postcode: LS14 6JB

Name of premises licence holder or club holding club premises certificate (if known):

Kamaljit Singh SANDHU

Number of premises licence or club premises certificate (if known): PREM/01000

Part 2 – Applicant details

Please 'check' appropriate box(es)

I am:

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

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

Surname:

Forename(s):

I am 18 years old or over:

Current postal address if different from premises address:

Town/City:

Postcode:

Daytime contact telephone number:

E-mail address (optional):

B – Details of other applicant

Surname:

Forename(s):

Address:

Town/City:

Postcode:

Daytime contact telephone number:

E-mail address (optional):

C – Details of responsible authority applicant

West Yorkshire Police

Surname:

Dobson

Forename(s): Lynn

Address:

Millgarth Police Station, Millgarth Street

Town/City:

Leeds

Postcode: LS2 7HX

Daytime contact telephone number:

0113 2414111

E-mail address (optional):

lynn.dobson@westyorkshire.pnn.police.uk

This application to review relates to the following licensing objective(s): (Please 'check' one or more boxes)

(a) The prevention of crime and disorder

(b) Public Safety

(c) The prevention of public nuisance

(d) The protection of children from harm

State the ground(s) for review (please read Guidance note 1):

1063 York Road, Seacroft, Leeds LS14 6JB is a small off licensed premises in the Seacroft area of Leeds. The area, as a whole, suffers from a high proportion of alcohol related anti-social behaviour (ASB) and crime and disorder.

The area is closely monitored by the Neighbourhood Policing Team (NPT) for the Killingbeck and Seacroft (KS) area. This team is lead by Inspector Steve Emmett. Much of the work in relation to local issues is conducted in conjunction with partnership agencies and following close liaison with the residents from the community.

This store has been the focus of Police attention for over a year. Concern had been raised within the community that the store was fuelling ASB, street drinking by known persons and the underage sale and consumption of alcohol. Test Purchase activity in the Seacroft area was initiated and the premises was included in this activity.

On 4 February 2011 Officers visited the premises and a sale of alcohol was made to an underage test purchase child. A fixed penalty ticket was issued to the seller. The child was fifteen years old.

On 1 July 2011 Officers conducted a second test purchase operation and 1063 York Road was included in this operation also. A sale of alcohol was made to an underage test purchase child on this second occasion. The child was fifteen years old.

Due to increased concern in relation to ASB, street drinking, intimidation, youth issues and in support of the DPPO a problem solving initiative was commenced in July 2011. 1063 York Road were warned during this process about how they were contributing to the problems in the Seacroft area and seemed dismissive of the issues. They were given the opportunity to tighten their processes to avoid another test purchase failure. They were warned that a further failure would result in the review of the premises licence.

On 17 March 2012 Officers conducted a third test purchase operation at 1063 York Road. The premises sold alcohol to a fourteen year old girl. A review of the premises licence is thought necessary and appropriate given the level of engagement and the most recent failure to uphold the licensing objectives.

A full chronology is attached to the review papers.

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

RESTRICTED

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

[Empty box for representations]


Please 'check' appropriate box(es)

- 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, 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: 18/04/12

Capacity: Leeds District Licencing Officer: NEA

Contact name (where not previously given) and postal address for correspondence associated with this application (please read Guidance note 5):

Surname: _____ Forename(s): _____

Address: _____

Town/City: _____ Postcode: _____

Telephone number (if any): _____

If you would prefer us to correspond with you using an e-mail address, please state 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.

Have you made an application for review relating to this premises before? **NO**

If 'YES', please state the date of that application: