



## THE LICENSING ACT 2003

## CENTRAL BEDFORDSHIRE COUNCIL

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 ..... LINDA HALLAM ..... (Insert name of applicant) 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 (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	
<u>WHITE SWAN PUBLIC HOUSE</u> <u>HIGH ST SOUTH</u>	
Post town	Post code (if known)
<u>DUNSTABLE</u>	

Name of premises licence holder or club holding club premises certificate (if known)
<u>DECLAN DUGGAN</u>

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

## Part 2 - Applicant details

- |   |                                     |
|---|-------------------------------------|
| I am  | Please tick ✓ yes                   |
| 1) an interested party (please complete (A) or (B) below)                           | <input type="checkbox"/>            |
| a) a person living in the vicinity of the premises                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input checked="" type="checkbox"/> |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |





(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Telephone number (if any)
E-mail (optional)

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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

CONTINUAL LOUD MUSIC - LIVE & RECORDED.

EXCESSIVE NOISE (SCREAMING & SHOUTING) FROM PATRONS OF WHITE SWAN LASTING INTO THE EARLY HOURS. (LATEST RECORDED 03-15AM)

THIS HAPPENS EVERY FRI & SAT & MOST SUN. NIGHTS. NOISE CAN BE HEARD INSIDE HOMES WITH TV ON - DOORS & WINDOWS SHUT.

THE NOISE MEANS THAT WE ARE UNABLE TO USE OUR GARDENS - HAVE WINDOWS OPEN OR ENJOY ANY PEACE IN OUR OWN HOMES.

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

COMPLAINTS TO STAFF ARE TOLD  
" YOU LIVE NEAR A PUB - EXPECT NOISE"  
LICENCE HOLDER IS VERY RARELY  
ON PREMISES & NO EFFORT IS EVER  
MADE TO CONTROL NOISE & NUISANCE  
FROM GARDEN.

Please tick  **yes**

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

If yes please state the date of that application

Day

Month

Year

--	--	--	--	--	--	--	--

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



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, 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



Date.....

12/06/2012

Capacity

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

**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.