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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 _____

(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, if none, ordnance survey map reference or description	
THE RUFUS CENTRE STEPPINGLEY ROAD FLITWICK BEDFORD MK45 1AH	
Post town	Post code (if known)
FLITWICK	MK45 1AH
Name of premises licence holder or club holding club premises certificate (if known)	
MRS CAROL CARTER	
Number of premises licence or club premises certificate (if known)	
N ^o : 2000274 Issued 24/11/2005	

Part 2 - Applicant details

I am

Please tick ✓ yes

1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)

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)

Please tick ✓ yes

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick ✓ yes

**Current postal
address if
different from
premises
address**

SHACKLETON GARDENS
FLITWICK
BEDS
MK45 1GR

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

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

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

Please tick one or more boxes ✓

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-
-
-

Please state the ground(s) for review (please read guidance note 2)

The premises licence for the Rufus Centre was issued in 2005, protecting, at that time, the nearest residential dwelling, across the road, opposite the Rufus Centre, off Steppingley Road.

The development of 400 new homes, occupied in 2015 are directly to the north and east adjacent sides of the Rufus Centre. The new homes are directly affected by noise pollution and licensed activities, including anti social behaviour from guests. At recent events, where anti social behaviour was present, the police have been seen to attend disturbances at these premises.

Please provide as much information as possible to support the application (please read guidance note 3)

With the publication of a recent noise report by MAS Environmental, dated 13/12/17 - Noise Impact from Events.

It clearly suggests that the Current Premises licence precedes the residential development on both Shackleton gardens and Ryder way.

The intention when drafting the premise licence was to protect residential dwellings and this current licence is now quite clearly 'out of date' and should now take into account the nearest dwellings which is only 15 metres away from the Rufus Centre.

It is not unreasonable to request a review of the licence with an amendment to restrict licensed activities of both live and recorded music until 23:00hrs on both weekday and weekends.

Night time periods, which are considered after 23:00hrs, are having an impact on both sleep and relaxation and hinders the enjoyment of homes and use of garden.

Have you made an application for review relating to the 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 the 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

Part 3 – Signatures (please read guidance note 4)

Signature of applicant or applicant’s solicitor or other duly authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.

Signature



Date

23/1/18

Capacity

Resident of Shackleton gardens

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

 Shackleton gardens
FLTWICK
BEDS

Post town

FLTWICK

Post Code

MK45 1GR

Telephone number (if any)



— Please email

If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)



Notes for Guidance

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.