

28 OCT 2024



**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 JAMES GILES  
(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	
MILLER AND CARTER CHURCH ROAD WORCESTER PARK KT4 7RD	
Post town	Post code (if known)
WORCESTER PARK	KT 4 7RD
Name of premises licence holder or club holding club premises certificate (if known)	
Number of premises licence or club premises certificate (if known)	
PLO300	

**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)

COUAKILLON

Surname

GILES

First names

JAMES

Please tick ✓ yes

I am 18 years old or over

Current postal  
address if  
different from  
premises  
address

[Redacted]

Post town

[Redacted]

Post Code

[Redacted]

Daytime contact telephone number

[Redacted]

E-mail address  
(optional)

[Redacted]

**(B) DETAILS OF OTHER APPLICANT**

Name and address

[Redacted]

Telephone number (if any)

[Redacted]

E-mail address (optional)

[Redacted]

## 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 ✓

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

I have no issue with the hours of operation, however the activities related to the sale of alcohol - namely goods deliveries - take place almost daily at 6:30 am or earlier, very noisily, causing disturbance to neighbours in a residential area - according to my constituent.

My constituent has tried for months to resolve this amicably to no avail, I attach the correspondence.

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

MtB also refused to take my call on this matter telling me I was not directly impacted.

I am also concerned by my consistent reporting the repositioning of external lighting into their gardens, as well as the creation of a staff area where staff involved in the sale of alcohol short, and play loud music.

I request a review with aim to:

- 1) Implement new condition restricting delivery to the site to 8am-8pm;
- 2) Implement new condition regarding external lighting having regard for neighbours;
- 3) Implement new condition that staff should be mindful of neighbours when in external areas.

I am sorry it has come to this, but MtB who own MTC leave me no choice. Alv Giles.

23 Oct 2024.

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

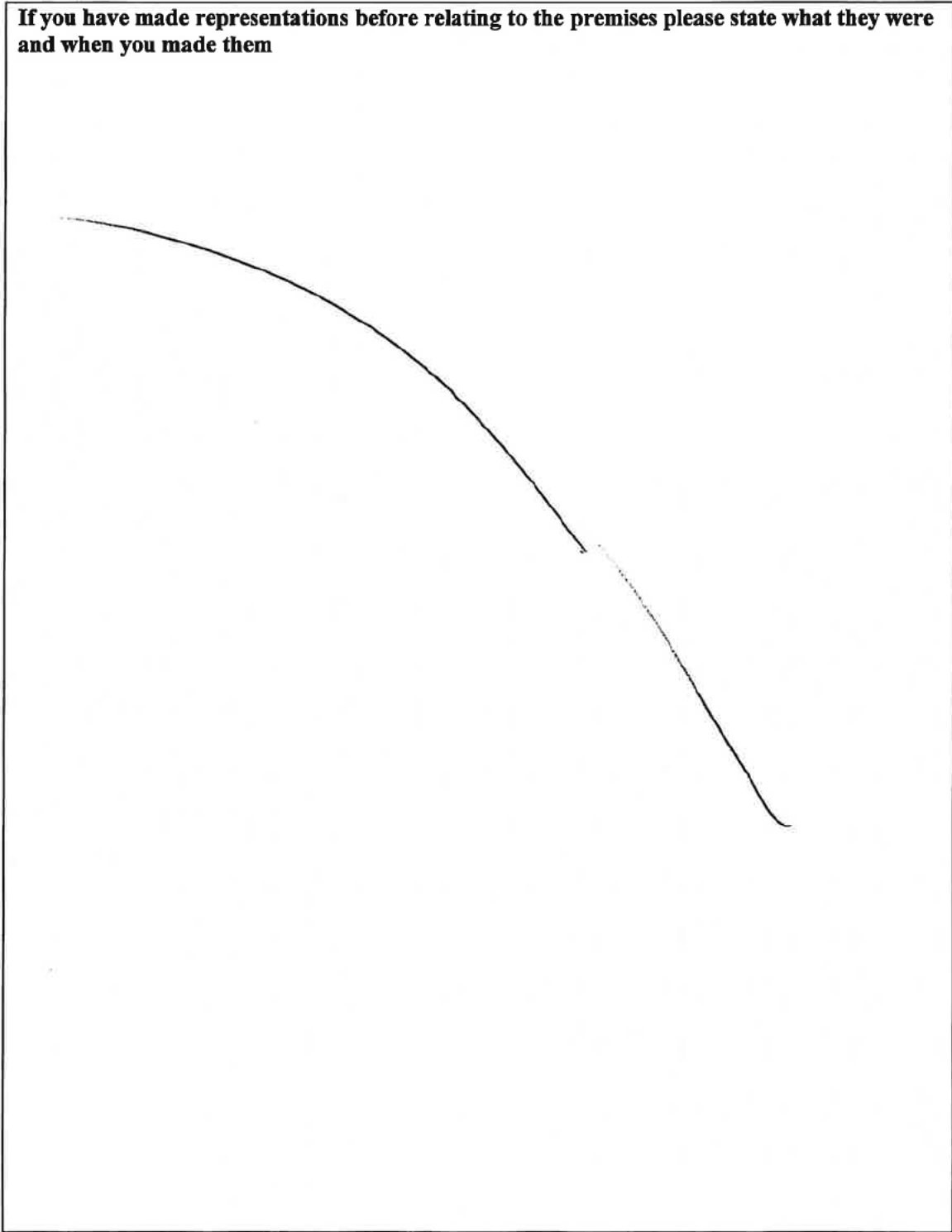
Please tick  yes

NO

If yes please state the date of that application

Day	Month	Year

**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 October 2024

Capacity Applicant

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 6)	
<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 e-mail address your e-mail address (optional)</b>	

**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.