



City of  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX

**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 THREADS (SHAHID ALI)  
(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 <b>NORTH PARADE STREET PARTY</b>	
Post town <b>BRADFORD</b>	Post code (if known) <b>BD1 3JL</b>

Name of premises licence holder or club holding club premises certificate (if known) <b>NOT KNOWN</b>
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Number of premises licence or club premises certificate (if known)
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**Part 2 - Applicant details**

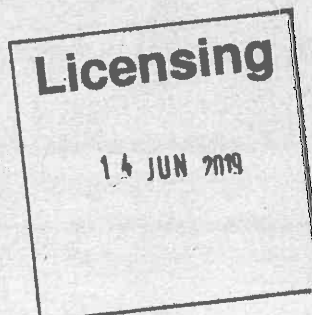
I am

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

ALI

First names

SHAHID

I am 18 years old or over

Please tick ✓ yes

Current postal address if different from premises address

11-13 NORTH PARADE  
BR

Post town

BRADFORD

Post Code

BD1 3JL

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]

**(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT**

Name and address

[REDACTED]

Telephone number (if any)

[REDACTED]

E-mail address (optional)

[REDACTED]

s 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 ✓

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

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

-The location of the party is directly outside our store causing a great deal of public nuisance. The loud music, the drunken behaviour of a large amount of individuals, the subsequent bad behaviour (often abusive and aggressive) and litter as a result of the party are all reasons for a review of licensing review. The level of disorder causes not only damage to our trade, but more importantly is an intimidating environment for both our staff and customers. We have had numerous occasions of verbal abuse from party goers, urinating outside our premises doors, vomit outside our doors and intoxicated individuals unconscious outside our premises that we have had to physically move.

We also have access problems for our disabled customers, who have at times had to access our store in an unsafe manner. As a childrenswear retailer we have a large children who



Please provide as much information as possible to support the application (please read guidance n.

intimidated by the loud noise  
and behaviour of party goes.  
Also a customers using pushchairs  
are unable to access the store  
safely.

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

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

[Empty box for providing details of representations made]

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

[Redacted signature]

Date

03/06/19

Capacity