

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.		
1 NARREEN AKUTTAR		
(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	
TODAY'S EXTRA		
GAIN LANE		
FAGLEY, BEADFORD		
B02 3LW		
Post town Post code (if known)		
Name of premises licence holder or club holding club premises certificate	(if Image)	
viente or brounder meetree notice of eigh holding eigh premises ceitherite	H KHOWH)	
D.B. RAMSDEN & COMPANY LTD		
Number of premises licence or club premises certificate (if known)		
LIC 072227		
Part 2 - Applicant details		
I am Pic	ease 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)		

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

	Please tick one or more boxes ✓
) the prevention of crime and disorder	
2) public safety	
the prevention of public nuisance	
) the protection of children from harm	

Please state the ground(s) for review (please read guidance note 2) we the residents on GAIN LANG, have for this petition tookher because we are absolutily in desperate need of your houp and support. concern's we are bringing Gruard are as fillow: · Land music, late of night, early hours of the morning · Revunoy of cars . use of oligs · spædung . use of gas cans . Litterina · cousing anusance around 2-3 am musici dancing taking loud, shouling screaming. we are all very dishirbed and dishessed by au we cont keep our windows open at night because of ou the disturbance our children walke up because of the noise. This is gung us anxiety and sleepless nights. Many times we have spoken to the owners of today's extra, rout trey don't seem to be intrested. Police has been called here many many times due to frants and divincen benaviour. We appreciate they have a bossiness to run and privide the locals with goods. But at the end of the day we are on threed after a long day and want to rost at night. Most of the trouble starts after mid night we would like for the Shop to close around lipm, we will be sending video eudance-to support our application. We have the support of all the neighbours and we all feel the gome. we have had enough, we need to pok b Swop to this ASAP. Trank you.

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)					
Please tick ✓ yes	i				
Mr Mrs		Miss 🔲	Ms		Other title (for example, Rev)
Surname		WOOD-S		irst name	
AKUTA	ne_			NAZR	ZEEN
I am 18 years old	l or over				Please tick ✓ yes
Current postal address if different from premises address	BEAR	MAIN L DFORC	LANY	E	
Post town			Po	ost Code	B02 3LW
Daytime contact	telephone m	ımber			
E-mail address (optional)	Name that distributed to state of				Ogmail, com
(B) DETAILS O	F OTHER A	APPLICANT			
Name and address	have	alreac	du '	beer	n sent.
Details have acready been sent 31 x Letters received from other residents					
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)					

Please provide as	much infor	mation as possible t	o support	the app	lication (please	e read guidance note 3)
videos	and	phones	will	be	Sent.	
77	4	• •	, •			Please tick ✓ yes
Have you made an a premises before	pplication fo	or review relating to	the			L
L-ammon denote						
If yes please state th	e date of tho	t application		Day M	Ionth Year	
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If you have made representations before relating to the premises please state wh you made them	at they were and when
	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 20 FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICOF ANY AMOUNT.	I. THOSE WHO
Part 3 – Signatures (please read guidance note 4)	
Signature of applicant or applicant's solicitor or other duly authorised agent (pleas). If signing on behalf of the applicant please state in what capacity.	se read guidance note
Signature	
Date 25 09 2021	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)		
Post town	Post Code	
Telephone number (if any)		
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.