



Daneshill House, Danestrete, Stevenage, Herts SG1 1HN

**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/We.....apply for the review of a premises licence under**  
*(Insert name of applicant)*  
**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	
Post Town	Postcode (if known)

Name of premises licence holder or club holding club premises certificate (if known)
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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 interest party (please complete (A) or (B) below)                             | <input type="checkbox"/> |
| a) a person living in the vicinity of the premises                                  | <input type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input 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"/> |

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)**

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

Surname  First names

Please tick  yes

I am 18 years old or over

Current address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

**(B) DETAILS OF OTHER APPLICANT**

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



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

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

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

