

**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 Alan Smith on behalf of Hartlepool Borough Council Trading Standards Team
(Insert name of applicant)

**apply for the review of a premises licence under section 51 of the Licensing
Act 2003 for the premises described in Part 1 below**

Part 1 – Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description	
141 Oxford Road, Hartlepool	
Post town Hartlepool	Post code (if known) TS25 5RJ

Name of premises licence holder or club holding club premises certificate (if known)
Kamil Amin

Number of premises licence or club premises certificate (if known)
HART/PS/433

Part 2 - Applicant details

I am

Please tick yes

- 1) an interested party (please complete (A) or (B) below)
 - a) a person living in the vicinity of the premises ☐
 - b) a body representing persons living in the vicinity of the premises ☐
 - c) a person involved in business in the vicinity of the premises ☐
 - d) a body representing persons involved in business in the vicinity of the premises ☐
- 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

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**

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

Trading Standards Team
Hartlepool Borough Council
Civic Centre
Hartlepool
TS24 8AY

Telephone number (if any)

E-mail address (optional)

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

Please tick one or more boxes

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

✓

☐☐☐

Please state the ground(s) for review (please read guidance note 1)

On five occasions between 1st July and 23rd August 2016, Baltic Mini Market, trading from 141 Oxford Road, sold and had in possession for sale counterfeit and otherwise illegal cigarettes and hand rolling tobacco which are offences contrary to the Trade Marks Act 1994 and the Consumer Protection Act 1987.

Also, the licence holder failed to comply with requests to provide copies of CCTV recordings relevant to the above incidents – this is contrary to condition 1 of Annex 2 of the premises licence.

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

On 1st and 7th July 2016 counterfeit hand rolling tobacco was sold to a plain clothed Trading Standards Technical Officer.

On 7th July 2016, following the second sale, Trading Standards Officers visited the premises and seized 23 concealed items of counterfeit and otherwise illegal cigarettes and hand rolling tobacco pouches.

A request to provide a copy of CCTV recordings relevant to the above incidents was not complied with.

Before formal interviews had been conducted with regard to these incidents, further intelligence was received alleging that counterfeit tobacco was still being sold from the premises.

Therefore on 23rd August 2016 a plain clothed Trading Standards Technical Officer visited the premises and once again was sold counterfeit hand rolling tobacco. On this occasion the tobacco was being concealed in a false drawer at the checkout.

Immediately following the sale, Trading Standards Officers again visited the premises and seized a further 46 items of counterfeit and otherwise illegal cigarettes and hand rolling tobacco pouches.

A request to provide a copy of CCTV recordings relevant to the incidents on 23rd August was again not complied with.

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

None

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, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures (please read guidance note 3)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

.....

Date 5th September 2016

.....

Capacity Trading Standards Technical Officer

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Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

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. The ground(s) for review must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
3. The application form must be signed.
4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address which we shall use to correspond with you about this application.

Copies of this completed application form must be sent to:-

**The Licensing Team (HBC),
Principal Trading Standards Officer (HBC)
Development Control Manager (HBC)
Principal Environmental Health Officer (Commercial Services) (HBC)
Principal Environmental Health Officer (Environmental Protection) (HBC)
Head of Safeguarding and Review (Licensing) (HBC)
Cleveland Police,
Cleveland Fire Brigade**

Addresses for the above organisations are attached.

**The Licensing Section
Public Protection and Housing
Hartlepool Borough Council
Civic Centre
Victoria Road
Hartlepool
TS24 8AY**