



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 **A** **Jewsbury**

(Insert name of applicant)

apply for the review of a premises licence under section 10 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 The Watchmaker, South Square Centre, South Square, Thornton	
Post town BRADFORD	Post code (if known) BD13 3LD

Name of premises licence holder or club holding club premises certificate (if known) Thornton 09:29 Allerton Community Association
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Number of premises licence or club premises certificate (if known) 208883

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

Jewsbury

First names

A [REDACTED]

I am 18 years old or over

Please tick ✓ yes

Current postal address if different from premises address

[REDACTED], Enderley Road,
Thornton,

Post town

BRADFORD

Post Code

BD ?????JZ

Daytime contact telephone number

01274 [REDACTED]

E-mail address (optional)

[REDACTED]@yahoocouk

(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

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)

Prevention of Public Nuisance specifically a noise nuisance to local residents from a recently created Beer Garden some distance away from The Watchmaker Thursday, April 14, 2022s main premises

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

Please see attached document EnderleyRoad.pdf

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 **16-Mar-2022**

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Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6) ██████████, Enderely Road, Thornton	
Post town BRADFORD	Post Code BD13 3JZ
Telephone number (if any) ????????????????	
If you would prefer us to correspond with you using an e-mail address your e-mail address (optional) ██████████@yahoo.co.uk	

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.