## Hammersmith & Fulham Council

Licensing Team
Town Hall, King Street, London W6 9JU

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## 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 th 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  |                          |                   |  |  |
| (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   | e survey map reference   | or description    |  |  |
| Post town  | Post code (if known)     |                   |  |  |
| Name of premises licence holder or club holding  | g club premises certific | ate (if known)    |  |  |
| Mr Cengiz Erpolat  |                          | ,                 |  |  |
| Number of premises licence or club premises certificate (if known) Part 2 - Applicant details  |                          | 2022/00952/LAPR   |  |  |
| I am   |                          | Please tick ✓ yes |  |  |
| 1) an individual, body or business which is not a reauthority (please read guidance note 1, and comple   |                          |                   |  |  |
| 2) a responsible authority (please complete (C) bel  | low)                     |                   |  |  |
| 3) a member of the club to which this application r (please complete (A) below)  | relates                  |                   |  |  |

| (A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable) |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| Please tick ✓ yes   |                                   |  |  |  |
| Mr  | 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  |                           | i |
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| application to review relates to the followi                                    | ng licensing objective(s) |   |
|   |                           |   |
| Please tick one or more boxes ✓   | _                         |   |
|   |                           |   |
| 1) the prevention of crime and disorder   | 片                         |   |
| <ol> <li>the prevention of crime and disorder</li> <li>public safety</li> </ol> |                           |   |
| 1) the prevention of crime and disorder   |                           |   |

| Please state the ground(s) for review (please read guidance note 2) |  |  |  |
|---|--|--|--|
| Thease state the ground(s) for review (picase read guidance note 2) |  |  |  |
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| Please provide as much information as possible to support the application (please read guidance note 3) |  |  |
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| Please tick ✓ yes  |  |  |  |  |
|--|--|--|--|--|
| Have you made an application for review relating to the premises before                      |  |  |  |  |
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|  |  |  |  |  |
| If yes please state the date of that application   |  |  |  |  |
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| If you have made representations before relating to the premises please state what they were |  |  |  |  |
| and when you made them   |  |  |  |  |
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| <ul> <li>I have sent copies of this form and enclosures to the and the premises licence holder or club holding the as appropriate</li> <li>I understand that if I do not comply with the above application will be rejected</li> </ul> | club premises certificate,        |  |  |  |
|--|-----------------------------------|--|--|--|
| 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 LJdhnSon   |                                   |  |  |  |
| Date   |                                   |  |  |  |
|  |                                   |  |  |  |
| Capacity   |                                   |  |  |  |
|  |                                   |  |  |  |
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)   |                                   |  |  |  |
|  |                                   |  |  |  |
| Post town Post Cod   | e                                 |  |  |  |
| Telephone  |                                   |  |  |  |
| ng an e (optional)   | -mail address your e-mail address |  |  |  |

Please tick ✓ yes

## **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.