

TOTAL POLICING

Application for the Review of a Premises Licence or Club Premises Certificate under the Licensing Act 2003

3	PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST	
	remeliables that form present read the guidence motes at the end of the form.	mendo do livien
	are treate the boxes and written in black int. Use additional sheets if necessary,	their trans-team
Application of the second	Andrew Commence of the Commenc	
L PC 3501S	E Simon Butler	
apply for the	e review of a premises licence under Section 51 of the Licensing Act 2003 sises described in Part 1 below	
Part 1=Pr	remises or club premises details:	
Postal addre	ess of premises or club premises, or if none, ordnance survey map reference or desc	cription:
44-45 Deptfor	d Broadway, Deptford	
Post town:	Lewisham Post code: (if known) SE8 4PH	
Name of pre	mises licence holder or club holding club premises certificate (if known):	
Louis Armand	Tchatchouang	
Number of p	remises licence or club premises certificate (if known):	
PL0743		
Part Z = A	oplicant details:	
I am:		
		Please tick Yes
1 an indi (please	vidual, body or business which is not a responsible authority read guidance note 1 and complete (A) or (B) below)	
2 a respo	ensible authority (please complete (C) below)	\boxtimes
3 a memi	ber of the club to which this application relates (please complete section (A) below)	

(A) DETAILS OF INDIVIDUAL APPLICANT (何 編金	applicable)applicable)
Mr	Ms Any other title Pc 3501SE
Surname: Butler	First Names: Simon
I am 18 years old or over	
Current postal address if different from premises addr	ess:
9 Holbeach Road	
Post town: Catford	Post code: SE6 4TW
Daytime Tel. No.:	Email: (optional)
IDI DETAILO DE DIVER ADDI INALITEMENT SECRETARIO	754.0 7453
(B) DETAILS OF OTHER APPLICANT (fill in as applicant and Address:	able)
Name and Address:	
Telephone Number (if any):	
Email address: (optional)	
Email address: (optional)	
(C) DETAILS OF RESPONSIBLE AUTHORITY APP	LICANT (fill in as applicable)
Name and Address:	
Lewisham Local Authority, 9, Holbeach Road SE6 4TW	
Telephone Number (if any):	
Email address: (optional) licensing@lewisham.gov.	uk
This application to review relates to the following	licensing objective(s)
	Please tick one or more boxes
1 The prevention of crime and disorder	\boxtimes
2 Public safety	\boxtimes
3 The prevention of public nuisance	\boxtimes
4 The protection of children from harm	
Please state the ground(s) for review: (please read guidan	
After visiting the premises the Police have found serious failings	e on the last visit on 31st October the Government issued an mic. During visits the Police found that this was also being purfew times and allowing systematic to continue the continue of the

Please provide as much information as possible to support the application: (please read guidance note 3)
Please see attached Statements provided by Police Licensing Officer and Enforcement Officers in file attached.

Have you made an application for review relating to this premises before?		(Please tick	yes)
	Day	Month	
If yes, please state the date of that application:		Li	
If you have made representations before relating to this premises please stamade them:	te wh	at they were	and when you

Table 6 and	Alex varies and fulf	and police and the security	Please tick Ye
I have sent copies of this form and enclosures to licence holder or club holding the club premises			
I understand that if I do not comply with the above	e requirements	my application will be rejected	. 🗆
IT IS AN OFFENCE, LIABLE ON CONVICTION TO	Celle 15 + 6T	EVE TON THE STANDARD S	341 a 1111 (13)
SECTION 158 OF THE LICENSING ACT 2003 TO M	AKE A FALSE	STATEMENT IN OR IN CONNEC	TION WITH
THIS APPLICATION.			
Part 3 - Signatures (please read guidence note		\$ v	
Signature of applicant or applicant's solicitor or or on behalf of the applicant please state in what cal			i). If signing
Signature:	Deter	23/11/2020.	
Signature: Police hicensing			
Contact name (where not previously given) and posphication: (please read guidance note 6)	stal address f	or correspondence associat	ed with this
9 HULBEACH ROAD			
Post town: CATFORD.	Post code:	SE6 4TW	
Telephone Number (if any):			
07795 801039			
If you would prefer us to correspond with you usin	g an e-mail add	ress, your e-mail address (optio	nal):
Simon. Butler @ met - plice. cik.			

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.

Retention Period: 7 years MP 321/12