Buckinghamshire Council

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 Timothy Blewett				
(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, ordnormal Gray's Inn 24 The Green Wooburn Green High Wycombe Bucks	ance survey map reference	or description		
HP10 0EJ				
Post town High Wycoombe	Post code (if known)	HP10 0EJ		
Name of premises licence holder or club hol	lding club premises certifica	ite (if known)		
Mr Richard Alan Potyka				
Number of premises licence or club premise	es certificate (if known)			
Part 2 - Applicant details				
I am		Please tick ✓ yes		
1) an individual, body or business which is no authority (please read guidance note 1, and cor or (B) below)				
2) a responsible authority (please complete (C) below)			
3) a member of the club to which this applicat (please complete (A) below)	ion relates			

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)				
Please tick ✓ yes				
Mr X Mrs	Miss	M	ſs 🗌	Other title (for example, Rev)
Surname			First names	
Blewett			Timothy Edn	nund
I am 18 years old	or over			Please tick ✓ yes
Current postal address if different from premises address	Wooburn Green			
Post town	High Wycombe		Post Code	HP10
Daytime contact t	elephone number		100	
E-mail address (optional)				
(B) DETAILS OF OTHER APPLICANT				
Wooburn Green HP10				
Telephone number (if any)				
E-mail address (op	tional)			

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT			
Telephone number (if any)			
E-mail address (optional)			
This application to review relates to the following	ng licensing objective(s)		
	Please tick one or more boxes ✓		
 the prevention of crime and disorder public safety 	H		
3) the prevention of public nuisance	H		
4) the protection of children from harm			

Please state the ground(s) for review (please read guidance note 2)		
The prevention of public nuisance.		

Please provide as much information as possible to support the application (alease were
Please provide as much information as possible to support the application (please read guidance note 3)
It is my belief that the current licence is out of date to the current buildings and usage.
I would like the licence to be reviewed to take into consideration the amenities and rights of local residents.
There are three main issues of concern. Sound, smell, and antisocial behaviour.
Sounds such as amplified music inside and outside areas with outside speakers. This stops the enjoyment of both our homes and our gardens.
Smell from commercial kitchen operating with open windows and doors. This stops the enjoyment of both our homes and gardens.
Anti-social behaviour including beer cans, and stones being thrown from premises on to neighbours' property. Late night cheering and singing in both the back and front areas. Even after pub is supposedly closed.
The neighbours and I have attempted to work with both the council and the dps of the property to solve these various issues but unfortunately have found these cannot be resolved.
I would seek to have the licence updated to reflect a modern pub, in line with other such venues in the area.
The local residents and I are happy to give any evidence required.

	Please tick ✓ yes
Have you made an application for review relating to the premises before	
If yes please state the date of that application	Day Month Year
If you have made representations before relating to the pre and when you made them	mises please state what they were

		Pleas	e tick ✓
yes			
•	I have sent copies of this form and enclo and the premises licence holder or club l as appropriate		X.
•	I understand that if I do not comply with application will be rejected	the above requirements my	X
A FAL	AN OFFENCE, UNDER SECTION 158 SE STATEMENT IN OR IN CONNEC MAKE A FALSE STATEMENT MAY FINE OF ANY AMOUNT.	TION WITH THIS APPLICATION	N. THOSE
Part 3	- Signatures (please read guidance note	4)	
	ure of applicant or applicant's solicitor ce note 5). If signing on behalf of the app		
Signatu	ие		
Date	20/06/2022		
	ty Neighbour		
	ct name (where not previously given) an ited with this application (please read gu ewett		e
Woobu	ırn Green		
Post to		Post Code	
High V	Vycombe	Bucks	

Notes for Guidance

(optional)

Telephone number (if any)

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.

If you would prefer us to correspond with you using an e-mail address your e-mail address

- 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.