

## Appendix 4

### 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

(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 survey map reference or description  SQUARE AND COMPASS CAULDWELL ROAD LINTON	
Post town SWADLINCOTE	Post code (if known) DE 12

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

Number of premises licence or club premises certificate (if known)

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

- 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
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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

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

I am OPPOSING THE APPLICATION  
BECAUSE WE VISIT IN A  
QUIET VILLAGE WE WOULD LIKE  
TO KEEP IT THAT WAY.

WE NEED OUR VILLAGE PUB  
TO STAY A VILLAGE PUB  
NOT TO BECOME A NIGHT CLUB

THE VILLAGE NEEDS PEACE  
AND QUIET AFTER 11pm  
NOT THE NOISE OF PEOPLE  
FULL OF DRINK SHOUTING  
SWEARING ETC WHEN LEAVING  
THE PUB .



Please tick yes

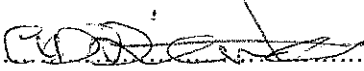
- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate ☐
- I understand that if I do not comply with the above requirements my application will be rejected ☐

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

 (MRS DENTON)

Date

14/7/05

Capacity

A WORRIED NEIGHBOUR

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.

# Appendix 4

## 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 DAVID JAMES BUTLER

(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 survey map reference or description

THE SQUARE + COMPASS  
CAULDWELL ROAD  
LINTON

Post town

SWADWINCOTE

Post code (if known)

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

Not Known

Number of premises licence or club premises certificate (if known)

Not Known

#### 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**

BUTLER

DAVID JAMES

Please tick yes

I am 18 years old or over ☐

Current postal  
address if  
different from  
premises  
address

HILLTOP HOUSE  
2 HIGH ST, LINTAW

Post town

SWADLINCOTE

Post Code

DE12 6QL

Daytime contact telephone number

01283 761429

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
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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

Broken Glass & Bottles out side house  
Bottles thrown into garden.  
Shouting - swearing & Fighting  
after 11.00 o'clock at night up to  
1.00 o'clock in morning.  
Cars Hooting & playing loud radios  
in the early hours.

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

Have you made an application for review relating to this premises before ☐

Day Month Year

--	--	--	--	--	--	--	--

If you have made representations before relating to this 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, 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

11<sup>TH</sup> JULY 2005

Capacity

HOUSEOWNER

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

D. J. Butler  
HUNTER HOUSE 2 High St  
WINTON

Post town

SWADWICK

Post Code

DE12 6QL

Telephone number (if any)

01283 761429

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.

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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 survey map reference or description  SQUARE AND COMPASS CALDWELL ROAD LINTON	
Post town SWADLINCOTE	Post code (if known) DE12
Name of premises licence holder or club holding club premises certificate (if known)	
Number of premises licence or club premises certificate (if known)	

#### 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
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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

--

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

I AM OPPOSED TO THE APPLICATION BECAUSE  
THE PUBLIC HOUSE IS IN A RESIDENTIAL  
AREA. ~~LATER~~ EXTENDED OPENING HOURS  
WILL RESULT IN INCREASED NOISE  
AND LITTER FROM BROKEN GLASS AND  
BEER CANS.

NUISANCE FROM INTOXICATED CUSTOMERS  
LEAVING THE PREMISES IN THE EARLY  
HOURS OF THE MORNING, FIGHTING  
AND SHOOTING.



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**

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

*M G Denton (Denton)*

Date

*14 / 7 / 05*

Capacity

*A WORRIED RESIDENT NEIGHBOUR*

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

*M G DENTON  
29 WARREN DRIVE  
LINTON*

Post town

*SWADLINCOTE*

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.
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I TA SHARKE  
(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 survey map reference or description <u>SQUARE + COMLAPS</u> <u>KAULDWELL ROAD</u> <u>LINTON</u> <u>SWADLOWCODE DERBYS</u>	
Post town	Post code (if known)

Name of premises licence holder or club holding club premises certificate (if known)
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Number of premises licence or club premises certificate (if known)
--

#### Part 2 - Applicant details

I am

1) an interested party (please complete (A) or (B) below)

Please tick yes

- |   |                                     |
|---|-------------------------------------|
| a) a person living in the vicinity of the premises                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

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	T SHARPE 37 CALDWELL RD LINTON
Telephone number (if any)	01283 761033
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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

DRUNKEN REVELLERS SHOUTING, BREAKING GLASS  
BOTTLES, VANDALISING CARS & PROPERTY  
I HAVE MADE REPEATED COMPLAINTS TO POLICE  
ENVIRONMENTAL HEALTH ETC.  
IN THE PAST THERE HAS BEEN EXCESSIVE NOISE  
PROBLEMS, WHICH THE COUNCIL DON'T SEEM  
INTERESTED IN.

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

Have you made an application for review relating to this premises before ☐

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

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

*J. Sh...*

Date

14. JULY 05

Capacity

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

SHARLE 37 CALDWELL RD.  
LONDON  
DE 12 6RX

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.



## Appendix 4

### 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 S.L. Watts

(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 survey map reference or description <u>Cauldwell Road</u> <u>Hinton</u>	
Post town <u>Swadlincote</u>	Post code (if known) <u>DE 12</u>
Name of premises licence holder or club holding club premises certificate (if known) <u>Square and Compass</u>	
Number of premises licence or club premises certificate (if known)	

#### 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                                  | <input checked="checked" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>                   |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>                   |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>                   |

- 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**

WATTS

SUSAN

I am 18 years old or over

Please tick yes



Current postal  
address if  
different from  
premises  
address

29 Caldwell Road  
Linton

Post town

Swadlow

Post Code

DE12 6RX

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
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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

Increased noise going on late into night  
Increased traffic  
possibility of trouble and disturbances.

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

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

--	--	--	--	--	--	--	--

**If you have made representations before relating to this 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, 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

*SLW*

Date

*14-7-05*

Capacity

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

*WATTS MRS,*

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.
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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 survey map reference or description SQUARE AND COMPASS CAULOWELL ROAD LINTON SWADLINCOTE	
Post town DEBBY	Post code (if known) DE12

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

Number of premises licence or club premises certificate (if known)
--

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

- (A) DETAILS OF INDIVIDUAL APPLICANT** (fill in as applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title  
(for example, Rev)

### First names

177

\_\_\_\_\_

Please tick yes ☐

**Current postal  
address if  
different from  
premises  
address**

\_\_\_\_\_

**Post Code**

Trial	Group N (%)	Group R (%)	Group S (%)
1	85	85	85
2	80	80	80
3	75	75	75
4	70	65	60
5	65	60	55

\_\_\_\_\_

**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
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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

1. PUBLIC HOUSE TO CLOSE RESIDENTIAL PREMISES.
2. VERY NOISEY.
3. HOUSES DIRECTLY OVER THE ROAD
4. PEOPLE WALKING PAST LATE AT NIGHT INTOXICATED  
CAUSING A FRAZ UPSETTING CHILDREN  
AND THE ELDERS
5. PARKING
6. THIS IS A VILLAGE PUB, NOT A CLUB  
LETS KEEP IT THAT WAY.

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

Have you made an application for review relating to this premises before ☐

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

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

*R Watt*

Date

*12/7/05*

Capacity

*CONCERNED NEIGHBOUR*

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

*ROBERT WATTS  
39, CALLOWELL ROAD  
LINTON  
SWADLINCOTE*

Post town

*DERBY*

Post Code

*DE12 6RX*

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.

## Appendix 4.

### 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 ROBERT ALLEN

(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 survey map reference or description <u>SQUARE + COMPASS</u> <u>CAULDWELL RD</u> <u>LINTON</u>	
Post town <u>SWADLINCOTE</u>	Post code (if known) <u>DE12 6RY</u>
Name of premises licence holder or club holding club premises certificate (if known) <u>MISS J. C. ELEY</u>	
Number of premises licence or club premises certificate (if known)	

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

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

ALLEN

ROBERT

I am 18 years old or over

Please tick yes



Current postal  
address if  
different from  
premises  
address

49 CAULDWELL RD  
LINTON  
SWADLOWCOTE

Post town

DERBYSHIRE

Post Code

DE12 6RY

Daytime contact telephone number

07973 185268

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
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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

1. Crime and Disorder – There is a young element attracted to the pub and often the use of loud foul and abusive language is heard from within and outside the establishment. Increasing the licensing hours has the potential to escalate this problem particularly with the likely movement of customers from earlier closing pubs. The police have been called to several incidents and this also has the potential to increase.
2. Public Safety - The car park entrance is located on a sharp bend. Cars are often parked close to the entrance on the road creating a serious traffic hazard. Inconsiderate parking has caused problems to road users. Increase in vehicles attending the pub will escalate this already hazardous situation.

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

3. Public Nuisance

- |       |   |                                  |
|-------|---|----------------------------------|
| Noise | - | From pub music (till late hours) |
|       | - | Rowdy customers                  |
|       | - | Road Noise                       |
|       | - | Vehicle Noise                    |

All of these have potential to increase should the extended hours licence be granted.

Litter - Broken glass is becoming a major cause for concern in the vicinity of the premises.

General

I fail to see why a village public house would have the need to be opened until 1:00am during the working week. It would be unreasonable for the population including school children of the locality to be subjected to continual night time disturbances for the reasons I have detailed.



Have you made an application for review relating to this premises before ☐

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

Please tick yes

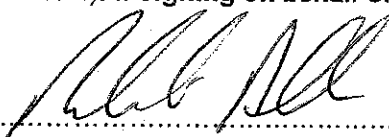
- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate ☐
- I understand that if I do not comply with the above requirements my application will be rejected ☐

**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

13 JULY 2008

Capacity

PERSON LIVING IN THE VICINITY

**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.

# Appendix 4

## 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 ELIZABETH LINDLEY

(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 survey map reference or description <u>SQUARE + COMPASS</u> <u>CAULDWELL RD.</u> <u>LINTON</u>	
Post town <u>SWADLINCOTE</u>	Post code (if known)
Name of premises licence holder or club holding club premises certificate (if known)	
Number of premises licence or club premises certificate (if known)	

#### 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                                  | <input checked="checked" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>                   |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>                   |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>                   |

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**

LINDLEY

**First names**

ELIZABETH

I am 18 years old or over

Please tick yes



Current postal  
address if  
different from  
premises  
address

15, CAULDWELL RD  
LINTON  
SWADLINCOTE

Post town

Post Code

DE12 6RY

Daytime contact telephone number

01283 761440

E-mail address  
(optional)

elizlindley@hotmail.com

**(B) DETAILS OF OTHER APPLICANT**

Name and address
Telephone number (if any)
E-mail address (optional)

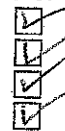
**(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT**

Name and address
Telephone number (if any)
E-mail address (optional)

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

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)

Increase in traffic.

Increase in noise from music  
and customers leaving the premises.

Bad language from customers.

Broken bottles + glasses on paths  
& road close to pub.

Increase in number of taxis  
blowing horns when picking up  
customers at a late hour.

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

In recent months there has been a noticeable increase in noise outside the pub, particularly at closing time. It is bad enough when this is happening between 11 & 11.30 p.m. If the pub was allowed to stay open later that noise would be occurring at a much later time. This, I do not feel, is acceptable in a residential, country area, particularly on weekdays.

Many of the noisy customers now seem to be using bad language and the taxi drivers simply seem to ignore the law regarding the blowing of horns.

Each morning & evening during the week 2 school buses pick up & drop off secondary school pupils by the pub. The broken bottles - glasses are hazardous to these children.

I do not feel that <sup>live</sup> music is acceptable in a "quiet, country pub" on weekday evenings.

We live on a quiet road but if the pub was to stay open until the 'early hours' there would inevitably be disturbance from traffic at unsociable hours.

Have you made an application for review relating to this premises before ☐

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

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

E. Lindley

Date

14.7.05

Capacity

**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) 01283 761440

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

elizlindley@hotmail.com

**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.



## Appendix 4.

### 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 .....  
(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 survey map reference or description SQUARE & COMPASS CALLOWELL ROAD	
Post town WINTON	Post code (if known) DE12 6RX
Name of premises licence holder or club holding club premises certificate (if known)	
Number of premises licence or club premises certificate (if known)	

#### Part 2 - Applicant details

I am

1) an interested party (please complete (A) or (B) below)

Please tick yes

- |   |                                     |
|---|-------------------------------------|
| a) a person living in the vicinity of the premises                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

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)**

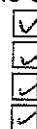
(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
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)

1. Unacceptable behaviour by many of the customers including:
  - i) Foul language
  - ii) Shouting at night and afternoons from gardens
  - iii) Broken glass and bottles
  - iv) Drinking by obviously underage people
  - v) use of drugs
  - vi) litter
2. Noise from Taxis, by use of their horns to pick customers up. Taxis also use our drive to turn round.
3. Music, especially bass noise on numerous week night and all weekends.
4. Posters and old hanging baskets make the premises look untidy.

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

**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**

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

*H. R. Holland*

Date

*14 July 2005*

Capacity

*Objected to this review*

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

*17 Caldwell Rd.  
Linton*

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.

# Appendix 4

## 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

(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 survey map reference or description

SQUARE & COMPASS  
CAULDWELL ROAD

Post town

LINTON

Post code (if known)

DE12 6RX

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

Number of premises licence or club premises certificate (if known)

#### 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)**



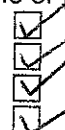
(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
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)

1. UNSOCIABLE BEHAVIOUR BY PATRONS OF THE PUBLIC HOUSE i.e.
  - i) FOUL LANGUAGE
  - ii) NOISE AT NIGHT
  - iii) THROWING BOTTLES & GLASSES
  - iv) UNDERAGE DRINKING
  - v) USING OF DRUGS (CANNABIS SMOKE)
2. THE PUB HAS GONE FROM A PLEASANT / CLEAN BUILDING TO ONE WHICH LOOKS UNKEMPT AND COVERED IN POSTERS
3. TAXI'S & CARS BLARING THEIR VEHICLE HORNS TO PICK UP CUSTOMERS / FRIENDS
4. MUSIC NOW BEING PLAYED ALL NIGHTS FROM THURSDAY TO SUNDAY, DISTURBING RESIDENTS

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

Have you made an application for review relating to this premises before ☐

Day Month Year

--	--	--	--	--	--	--

If you have made representations before relating to this premises please state what they were and when you made them

- 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 ☐

### Part 3 – Signatures (please read guidance note 3)

Signature

Date \_\_\_\_\_

## Capacity

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

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.

# Appendix 4

## 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 DOUGLAS GIBSON / ANNE-MARIE GIBSON  
(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 survey map reference or description <u>SQUARE + COMPASS PUBLIC HOUSE</u> <u>CAULDWELL RD</u> <u>LINTON</u>	
Post town <u>SWADLINCOTE</u>	Post code (if known)
Name of premises licence holder or club holding club premises certificate (if known) <u>SQUARE + COMPASS</u>	
Number of premises licence or club premises certificate (if known)	

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

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**

GIBSON

**First names**

DOUGLAS  
ANNE-MARIE

I am 18 years old or over

Please tick yes



**Current postal  
address if  
different from  
premises  
address**

27 CAVLOWELL RD  
LINTON  
SWADLINCOTE

**Post town**

SWADLINCOTE

**Post Code**

DE12 6RX

**Daytime contact telephone number**

01283 761477

**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
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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

Excessive noise due to extended entertainment hours.  
Increase of traffic and speeding vehicles.

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



Have you made an application for review relating to this premises before ☐

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

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

12/7/05

Capacity

APPLICANT

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

27 CAULDWELL RD  
LINTON

**Post town**

SWADLINCOTE

**Post Code**

DE12 6RX

**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.

# Appendix 4

## 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.

1

(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 survey map reference or description  THE SQUARE AND COMPASS INN CAULDWELL ROAD LINTON	
Post town  SWADWORTH	Post code (if known)

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

Number of premises licence or club premises certificate (if known)
--

### 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                                  | <input type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/> |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/> |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/> |

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
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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

LATE NIGHT NOISE  
INCREASED VOLUME OF TRAFFIC  
ABUSE TOWARDS PEOPLE AND CHILDREN  
LITTER  
DAMAGE TO PROPERTY & VEHICLES

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



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

.....

Capacity

.....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5)	
Mr & Mrs T. G. BALL 45 CAUNDWELL ROAD LINTON SWADLINCOTE	
<b>Post town</b>	<b>Post Code</b>
DERBYSHIRE	DE12 6RX
<b>Telephone number (if any)</b>	
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.

Mr. T. G. Ball



# Appendix 4

## 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 JOHN E SUMMERS

(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 survey map reference or description <u>13, CALDWELL ROAD</u> <u>LINTON</u> <u>SQUARE &amp; COMPASS, CALDWELL RD LINTON</u>	
Post town <u>SWADLINCOTE</u>	Post code (if known) <u>DE12 6RX</u>
Name of premises licence holder or club holding club premises certificate (if known) <u>SQUARE AND COMPASS</u> <u>LINTON</u>	
Number of premises licence or club premises certificate (if known)	

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

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**

SUMMERS

JOHN ERIC

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

760049

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
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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

INCREASE IN TRAFFIC

INCREASE IN NOISE

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

Have you made an application for review relating to this premises before ☐

Day Month Year

--	--	--	--	--	--	--	--

If you have made representations before relating to this 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, 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

*J. Summers*

Date

11.07.05

Capacity

*Retired*

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

*43. Caldwell Rd  
Linton*

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.

# Appendix 4

## 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 CHRISTINE A. KING  
(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 survey map reference or description <u>THE SQUARE &amp; COMPASS INN</u> <u>CALDWELL ROAD,</u> <u>HINTON,</u> <u>DERBY.</u>	
Post town <u>SWADLOWCOTE</u>	Post code (if known)

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

Number of premises licence or club premises certificate (if known)
--

#### 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                                  | <input checked="checked" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>                   |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>                   |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>                   |

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

KING

First names

CHRISTINE ANNE

I am 18 years old or over

Please tick yes



Current postal  
address if  
different from  
premises  
address

47 CALDWELL ROAD,  
LINTON,  
SWADLINCOTE  
DERBYS

Post town

SWADLINCOTE

Post Code

DE12 6RX

Daytime contact telephone number

01283 761034

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
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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

I OBJECT TO THE PROPOSAL  
FOR LATE NIGHT OPENING / MUSIC.  
ON THE GROUNDS THAT  
CUSTOMERS WILL BE LEAVING  
THE PREMISES AT UNSOCIABLE  
HOURS CAUSING DISTURBANCE  
TO THE LOCAL RESIDENTS.

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

THE LICENCEES/OWNERS APPEAR  
TO BE TRYING TO TURN,  
WHAT HAS ALWAYS BEEN A  
COUNTRY PUB, INTO A TOWN  
CENTRE TYPE <sup>"</sup>THEME PUB<sup>"</sup>  
WITH THE INEVITABLE KNOCK-ON  
EFFECTS.

THE RURAL ASPECT OF THE  
AREA WOULD BE DESTROYED  
BY LATE OPENING HOURS AND  
LATE NIGHT MUSIC.

Have you made an application for review relating to this premises before ☐

Day Month Year

--	--	--	--	--	--	--	--

If you have made representations before relating to this 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, 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

*A. W.*

Date

*12/07/05*

Capacity

*LOCAL RESIDENT.*

**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.

Appendix 4

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 ANTHONY CROXALL

(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 survey map reference or description SQUARE + COMPASS CAULOWEN ROAD LINTON.	
Post town SWADLINCOTE.	Post code (if known)

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

Number of premises licence or club premises certificate (if known)
--

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                                     | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises                  | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                       | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the<br>premises | <input type="checkbox"/>            |

- (A) DETAILS OF INDIVIDUAL APPLICANT** (fill in as applicable)

### First names

**(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)**

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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

*Noise*

*Traffic*

*Parking*

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



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

--	--	--	--	--	--	--	--

**If you have made representations before relating to this 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, 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

*M J Hall* *J N Craxall*

Date

*12/07/05* *12.7.05*

Capacity

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.

# Appendix 4

## 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 MAUREEN POTTER

(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 survey map reference or description <b>SQUARE + COMPASS PUBLIC HOUSE CAVENDISH ROAD, LINTON SWADLINCOTE, DERBYSHIRE</b>	
Post town <b>SWADLINCOTE</b>	Post code (if known) <b>DE12</b>

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

Number of premises licence or club premises certificate (if known)

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

- 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**

POTTER

MAUREEN

I am 18 years old or over

Please tick yes



Current postal  
address if  
different from  
premises  
address

21, CAIDWELL ROAD, LINTON  
SWADLINCOTE, DERBYSHIRE

Post town

SWADLINCOTE

Post Code

DE12 6RX

Daytime contact telephone number

01283 761509

E-mail address  
(optional)

**(B) DETAILS OF OTHER APPLICANT**

Name and address

MR COLIN POTTER  
21, CAIDWELL ROAD, LINTON  
SWADLINCOTE, DERBYSHIRE

Telephone number (if any)

01283 761509

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)

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

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

CARS PARKED IN FRONT OF PUB AND  
HOUSE CREATING A DANGER ON THE WALK.  
MUSIC VERY LOUD UPON OCCASIONS  
AND BAD LANGUAGE.

SUNDAY AFTERNOONS. LOUD MUSIC  
COMING FROM THE PUB DISTURBING  
PEACE IN GARDEN.

GENERALLY THE PREMISES ARE A  
NUISANCE AT PRESENT TIME, WITH ~~OUT~~  
SINGING AND TALKING LOUDLY WHEN  
TRYING TO SLEEP AT NIGHT.

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

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 M T Potter

Date 13 - 07 - 2005

Capacity LOCAL RESIDENT

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

21, CAULOWELL ROAD, LINTON  
SWADLINCOTE, DERBSHIRE

Post town

Post Code

DE12 6RY

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.

Have you made an application for review relating to this premises before ☐

Day Month Year

--	--	--	--	--	--	--	--

If you have made representations before relating to this premises please state what they were and when you made them



# Appendix 4

## 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 STEVEN EDWARD SHARRATT

(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 survey map reference or description  SQUARE + COMPASS PUBLIC HOUSE CANLOWELL ROAD, LINTON SWADLINCOTE, DERBYSIRE	
Post town SWADLINCOTE	Post code (if known) DE12
Name of premises licence holder or club holding club premises certificate (if known)	
Number of premises licence or club premises certificate (if known)	

#### 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                                  | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises               | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                    | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/>            |

- 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

SHARRATT

STEVEN EDWARD

I am 18 years old or over

Please tick yes



Current postal  
address if  
different from  
premises  
address

23, CAULDWELL ROAD  
LINTON, SWADLINCOTE, DERBYSHIRE

Post town

SWADLINCOTE

Post Code

DE12 6RY

Daytime contact telephone number

07970 742226

E-mail address  
(optional)

steve@shazhome.freemove.co.uk

(B) DETAILS OF OTHER APPLICANT

Name and address

MRS GLENIS SHARRATT  
23, CAULDWELL ROAD  
LINTON, SWADLINCOTE  
DERBYSHIRE

Telephone number (if any)

~~DET~~ 01283 762634

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)

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

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

\* PUBLIC SAFETY

- TRAFFIC

- BROKEN GLASS ON ROAD

\* PUBLIC NUISANCE

- YOUTHS SMOOTING AND USING UNDESIRABLE  
LANGUAGE.

- EXCESSIVE NOISE FROM MUSIC ESPECIALLY  
ON SUNDAY AFTERNOONS

- PASSING CARS + TAXIS, ~~ON~~ USING  
HORN.

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

- UNDERAGE DRINKING WITNESSED, SOME BOYS SEEN GETTING OFF SCHOOL BUS AND ENTERING PUB. ALSO, WITNESSED YOUNG BOY BEING SICK ON PAVEMENT.
- A COUPLE WERE ALSO SEEN SMOKING A JOINT ON CAR PARK.
- MUSIC NOISE IS A NUISANCE AT NIGHT TIME, WHEN WINDOWS AND DOORS OFF THE PUB ARE OPEN.
- EQUIPMENT BEING LOADED INTO VANS ON FRONT OF PUB LATE AT NIGHT IS VERY NOISY.
- PASSING CUSTOMERS CONTINUALLY "PEEP" HORN GOING PAST THE PUB.
- LOUDES DRINKING ON PAVEMENT IN FRONT OF PUB, USING DISGUSTING LANGUAGE.

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

- 1, AUGUST 2002 - APPEAL AGAINST THE ISSUING OF AN ENTERTAINERS LICENCE.
- 2, MAY 2004 - NOISE LEVELS FROM PUB CREATING A DISTURBANCE ON MANY OCCASIONS.

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

13/07/05

Capacity

LOCAL RESIDENT.

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

23, CAULDWELL ROAD, LINTON, SWADLINGTON  
DERBYSHIRE

Post town

Post Code

DE12 6RY.

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.

Appendix 4

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

(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 survey map reference or description SQUARE AND COMPASS CAULWELL ROAD LINTON DE12 6RX	
Post town	Post code (if known)

Name of premises licence holder or club holding club premises certificate (if known)
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Number of premises licence or club premises certificate (if known)
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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                                     | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises                  | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                       | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the<br>premises | <input type="checkbox"/>            |

- (A) DETAILS OF INDIVIDUAL APPLICANT** (fill in as applicable)

Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title  
(for example, Rev)

### First names

SMITH

PETER

**Please tick yes**

**Current postal  
address if  
different from  
premises  
address**

41, CANNONWELL ROAD  
LINTON  
SWADWORTH  
DERBYSHIRE

## Post town

Post Code

DEL 6.2X

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
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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

We have just retired into a residential Area, just to find out that we are going to be invaded with more noise, shouting, speeding, music, and drunkenness and other things that come with longer hours. We do not need this at our time of life

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

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

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

Capacity

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5)	
<b>Post town</b>	<b>Post Code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)</b>	

**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.

# Appendix 4

## 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 KING ROBERT MICHAEL  
(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 survey map reference or description <u>SQUARE 8 COMPASS</u> <u>PUBLIC HOUSE</u> <u>CADWELL RD LINTON</u>	
Post town <u>SWADLINCOTE</u>	Post code (if known) <u>DE12 2GB</u>
Name of premises licence holder or club holding club premises certificate (if known) <u>SQUARE 8 COMPASS</u>	
Number of premises licence or club premises certificate (if known) <u>NOT KNOWN</u>	

#### 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**

King.

Robert Michael.

I am 18 years old or over

Please tick yes

☒

Current postal  
address if  
different from  
premises  
address

47, CALDWELL RD  
LINTON : SWADLINCOTE

Post town

SWADLINCOTE  
DERBYS

Post Code

DE126RX

Daytime contact telephone number

01283761034

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
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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

THE PUBLIC HOUSE IS IN A ROADSIDE AREA ON THE EDGE OF A VILLAGE IT ALREADY SERVES QUITE LATE AND HAS REGULAR EVENINGS OF 'LIVE' MUSIC.

THIS AREA IS IN THE HEART OF THE NATIONAL FOREST AND IT SEEMS AT ODDS TO HAVE A PUBLIC HOUSE OF THIS TYPE ADDED FOR IN THESE SURROUNDINGS.

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

I FORMER OBJECT BECAUSE  
SINCE THE PRESENT LICENSEES  
HAVE OCCUPIED THE PREMISES  
THERE HAS BEEN BOTH A  
MARKED INCREASE IN LOCAL  
LITTER AND A DEAC  
MORE LATE NIGHT NOISY  
TRAFFIC AT CLOSING  
TIME.



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

N/A.

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

Capacity

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5)	
<b>Post town</b>	<b>Post Code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)</b>	

**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.