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. (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 PRUARE AND COMPASS Cauldwell ROAD Post town Post code (if known) DWADUNCOTE 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 lam Please tick yes 1) an interested party (please complete (A) or (B) below) a) a person living in the vicinity of the premises M 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		
l am 18 years o	ld or over		Please tick yes	
Current postal address if different from premises address				
Post town	•	Post Co	de	
Daytime contac	ct telephone number			
E-mail address (optional)		,		
(B) DETAILS O	F OTHER APPLICANT			
Name and addre	ess			
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Telephone numb	oer (if any)			
E-mail address ((optional)			

Name and address	
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Telephone number (if any)	
receptione number (if any)	
E-mail address (optional)	
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This application to review relates to the following	wing licensing objective(s)
	Please tick one or more boxes
1) the prevention of crime and disorder	1 10 20 110 110 110 10 10 10 10 10 10 10 10 10
2) public safety	
the prevention of public nuisance	H. H
the prevention of public harsance the protection of children from harm	
4) the protection of children from harm	<u>&</u>
Please state the ground(s) for review (please	read guidance note 1)
Please state the ground(s) for review (please	read guidance note 1)
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Please state the ground(s) for review (please	read guidance note 1)
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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)

Iam Opposing The Application BECAUSE WE VISIT IN A QUIET VILLAGE WE WOULD LIKE TO KEEP IT THAT WAY. WE NEED OUR WILLAGE PUB TO STAY A VILLAGE PUB not to become A NIGHT CLUB THE VILLAGE NEEDS PEACE AND QUIET AFTER HAM NOT THE NOISE OF PEOPLE FULL OF DRINK SHOUTING SWEARING ETC WHEN LEAVING THE PUB

	Please tick yes
Have you made an application for review relating to the	
If yes please state the date of that application	Day Month Year
If you have made representations before relating t what they were and when you made them	to this premises please state
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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
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 a solicitor or other duly authorised agent
(See guidance note 4). If signing on behalf of the applicant please state in what capacity.
Signature (MRS DENTOS)
Date 141705 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)

- 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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Application for the review of a premises licence or club premises certificate under the Licensing Act 2003

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c	ases dditi	s ensure that your answers are inside the boxes and written in black ink. ional sheets if necessary.	
Y	ou r	may wish to keep a copy of the completed form for your records.	
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re	vie	y for the review of a premises licence under section 51 / apply for the work of a club premises certificate under section 87 of the Licensing Are premises described in Part 1 below (delete as applicable)	⊫e ∖ct 2003
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a	esc.	ription AE SQUARE + COMPASS	
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	L	-In-Ton	
Р	ost	town Post code (if known)	
		SWADLINCOTE	
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N	umt	per of premises licence or club premises certificate (if known	
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	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	

2) a responsible	e authority (please compl	ete (C) below)		
3) a member of below)	the club to which this ap	plication relates (please	complete (A)	
(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)				
Please tick Mr 🗵 Mrs	☐ Miss ☐	Ms Other (for ex	title xample, Rev)	
Surname		First names		
BUTLE	-e	DAUID	JAMES	
l am 18 years o	ld or over		Please tick yes	
Current postal address if different from premises address	1+112752 2 1-1194 =	House ot, Livet		
Post town	SONDLINCET	Post Code	DEIS 6 OC	
Daytime contac	t telephone number	01283	5 761429	
E-mail address (optional)				
(B) DETAILS O	F OTHER APPLICANT			
Name and addre	ess			
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E-mail address (optional)			

Name and address
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This application to review relates to the following linearing this time (a)
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)
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	Please tick yes
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If yes please state the date of that application	Day Month Year
If you have made representations before relating to what they were and when you made them	this premises please state
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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
Capacity Hade Out of R
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)
Post town Post Code
DUANDLINGGETE DEIZ 6 OL
Telephone number (if any) 01283 761429
f 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.
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revi	ew of a club premises certificate under section 87 of the Licensing /	Act 2003
for	the premises described in Part 1 below (delete as applicable)	
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Pos des	tal address of premises or, if none, ordnance survey map reference cription	or
	SQUARE AND COMPASS	
	SQUARE AND COMPASS CALDWELL ROAD LINTON	
	110/700	
Pos	t town Post code (if known)	
	SWADLINCOTE DE12	
Nam knov	ne of premises licence holder or club holding club premises certifica wn)	ite (if
Num	ber of premises licence or club premises certificate (if known	
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lam	2 - Applicant details	
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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				
Surname First names				
Please tick I am 18 years old or over	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	<u>.</u>			
Name and address				
Telephone number (if any)				
E-mail address (optional)				

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	e the ground	(s) for revi	iew (please		nce note	1)	

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

IAM 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 SHOUTING

Have you made an	application for	review relating	to this premises t	Please tick yes perfore	1
If yes please state t	he date of that	application	Day Mon	th Year	·
If you have made r what they were an	epresentation d when you m	s before rela	ting to this premis	ses please state	
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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 Please tick yes □ authorities and the premises licence holder or club holding the club premises certificate, as appropriate □ 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 applicants solicitor or other duly authorised agent (See guidance note 4). If signing on behalf of the applicant please state in what capacity.
Signature My Later (Derrow)
Date $\frac{14}{9} / 65$
Capacity A WORRIED RESIDENT NEIGHBORR
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) M G DENTON 29 WARR N DRIVE
LINTON
Post town SWADUNGOTE 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.
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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	
Surname First names	
Please tick yes am 18 years old or over	
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)	

Name and address	T SHARGE	
	37 CALDWELL RD	,
	LINDON	
Telephone number (if	any) 01283761033	
	0/2/3/(0/032	
E-mail address (option	тан)	

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) DRUNKEN REVELLERS SHOUTING BREAKING GLASSED

BOTTLES, VANDALISING CARS & PROPERTY I HAVE MADE REPEATED COMPLAINTS TO POLICE

RAVIRONMENTAL HEALON ETC.

IN THE PAST THERE HAS BEEN EXCESSIVE NOISE

Albert, WHICH THE COUNCIL DON'T SEEM interested in

Please provide as much information as possible to support the application (please read guidance note 2)				
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Hove you made an analization (Please tick yes
Have you made an application for review relating to t	his premises before
If yes please state the date of that application	Day Month Year
If you have made representations before relating what they were and when you made them	to this premises please state
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 I have sent copies of this form and enclos authorities and the premises licence holde premises certificate, as appropriate I understand that if I do not comply with the my application will be rejected 	er or club holding the club
IT IS AN OFFENCE, LIABLE ON CONVICTION THE STANDARD SCALE, UNDER SECTION 15 TO MAKE A FALSE STATEMENT IN OR IN CO APPLICATION	8 OF THE LICENSING ACT 2003
Part 3 - Signatures (please read guidance note	e 3)
Signature of applicant or applicant's solicitor (See guidance note 4). If signing on behalf of the capacity.	or other duly authorised agent ne applicant please state in what
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Date 14. July 05	······································
Capacity	
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Post town Post	Code
Telephone number (if any)	
If you would prefer us to correspond with you mail address (optional)	using an e-mail address your e-

- 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.
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Νι	ım	per of premises licence or club pren	nises certificate (if known	
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	b)	a body representing persons living in	the vicinity of the premises	
	c)	a person involved in business in the v	icinity of the premises	
	d)	a body representing persons involved premises	in business in the vicinity of the	

2) a responsible	e authority (please complete	(C) below)					
3) a member of the club to which this application relates (please complete (A) [below)							
(A) DETAILS O	(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)						
Please tick Mr ☐ Mrs							
Surname	·	First names					
WATTRU:	2	SUSAN					
l am 18 years o	old or over		Please tick yes				
Current postal address if different from premises address	29 Cauldwell Linton	Road					
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Daytime contac	ct telephone number						
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(B) DETAILS C	F OTHER APPLICANT						
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Name and address
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2 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)
Increased noise going on late into right
In creased traffic
possibility of trouble and disturbances
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Please provide as much information as possible to support the application (please read guidance note 2)	
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		Please tick ye
Have you made an	application for review re	lating to this premises before
If yes please state to	he date of that applicatio	Day Month Year
If you have made r what they were and	epresentations before d when you made them	relating to this premises please state
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 I have sent copies of this form and authorities and the premises licence premises certificate, as appropriate I understand that if I do not comply my application will be rejected 	e holder or club holding the club			
IT IS AN OFFENCE, LIABLE ON CONVIC THE STANDARD SCALE, UNDER SECTI TO MAKE A FALSE STATEMENT IN OR APPLICATION	ON 158 OF THE LICENSING ACT 2003			
Part 3 - Signatures (please read guidance	ce 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 SLWalk				
Date 14-1-65	······································			
Capacity				
Contact name (where not previously give correspondence associated with this ap	en) and postal address for plication (please read guidance note 5)			
WATTS MRS,				
Post town	Post Code			
Telephone number (if any)				
f 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.

Affendose 4.

premises

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. (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 AND COMPASS SOWARE LOSO CAULOWELL LINTON Swaduncere Post town Post code (if known) DELSYS 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

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 O	FINDIVIDUA	L APPLIC	ANT (fil	l in as app	licable)	
Please tick Mr Mrs	<u> </u>	ss 🗌	Ms		Other title (for example, Rev)	
Surname			Fi	rst names	·~	
I am 18 years o	ld or over				Please tick	yes
Current postal address if different from premises address						
Post town				Post Co	de	
Daytime contact telephone number						
E-mail address (optional)						
(B) DETAILS OF OTHER APPLICANT						
Name and addre	ss					
						į
Telephone number (if any)						
E-mail address (optional)						

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	
public safety the prevention of public nuisance	
4) the protection of children from harm	
Please state the ground(s) for review (please read guidance note 1)	
Par and	
1. Public House to CLOSE RESIDENTIAL PREMISES.	
2. UERY NOISEY.	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
3. Houses Directly over THE ROAD	
4. PEOPLE WALLING PAST LATE AT NIGHT INTOXICA	ΓGO
CAUSING A FRAY UPSETTING CHILDREN	
AND THE ELDERIEM	
5. PARKING	
6. THIS IS A VILLAGE PLIB! NOT A CLUB!	
LETS KEEP IT THAT WAY,	

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	
		,
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 I have sent copies of this form and authorities and the premises licence premises certificate, as appropriate I understand that if I do not comply my application will be rejected 	e holder or club holding the club		
IT IS AN OFFENCE, LIABLE ON CONVIC THE STANDARD SCALE, UNDER SECTI TO MAKE A FALSE STATEMENT IN OR APPLICATION	ON 158 OF THE LICENSING ACT 2003		
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 4 05			
Capacity Conceined Nerchis	50 2		
Contact name (where not previously giv correspondence associated with this ap			
ROBERT WATTS			
39, CAULD NEW ROAD			
SWADLINGTE			
Post town DELBYS	Post Code De12 6RX		
Telephone number (if any)			
f 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.
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- 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.

additional You may v (Insert na apply for t review of t for the pre	sheets if necessary. Vish to keep a copy of the composition of the review of a premises licer a club premises certificate unimises described in Part 1 because of club premises details of premises or, if none,	nce under section 51 / apply for the der section 87 of the Licensing A low (delete as applicable) ails ordnance survey map reference of ASS	e ct 2003
	LINTON		
Post town		Post code (if known)	
_Su/	DLINCOTE	DE12.6RY	
known)	remises licence holder or clu		e (if
Part 2 - App	olicant details		
lam	•		_
1) an intere	sted party (please complete (A	Please tic) or (B) below)	k yes
a) a per	son living in the vicinity of the p	remises	
b) a boo	y representing persons living in	n the vicinity of the premises	
c) a per	son involved in business in the	vicinity of the premises	
d) a bod premi		d in business in the vicinity of the	

2) a responsible authority (please complete	(C) below)		
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 ☐ M		itle ample, Rev)	
Surname	First names		
ALLEN	ROBERT		
I am 18 years old or over		Please tick yes	
Current postal 49 CAULDWEL address if different from premises address			
Post town DERBYSHIRE	Post Code	DE126RY	
Daytime contact telephone number	0797	185268	
E-mail address (optional)	100		
(B) DETAILS OF OTHER APPLICANT		·	
Name and address	٠.	,	
		-	
Telephone number (if any)	•		
E-mail address (optional)			

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)

- 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.

		Please tick yes
Have y	you made an application for review relating to	this premises before
If yes p	please state the date of that application	Day Month Year
If you I what ti	have made representations before relating hey were and when you made them	g to this premises please state
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	Please tick yes	
 I have sent copies of this form and authorities and the premises licend premises certificate, as appropriate I understand that if I do not comply my application will be rejected 	enclosures to the responsible be holder or club holding the club	
IT IS AN OFFENCE, LIABLE ON CONVICTHE STANDARD SCALE, UNDER SECT TO MAKE A FALSE STATEMENT IN OR APPLICATION	ION 158 OF THE LICENSING ACT 2003	
Part 3 – Signatures (please read guidan	ice note 3)	
Signature of applicant or applicant's so (See guidance note 4). If signing on behacapacity. Signature	licitor or other duly authorised agent alf of the applicant please state in what	
Date 13 July 20	005	
Capacity PERSON LIVING L	NTHE VICINITY	
Contact name (where not previously give correspondence associated with this appropriate the contract of the co	ren) and postal address for oplication (please read guidance note 5)	
Post town	Post Code	
elephone number (if any)		
you would prefer us to correspond with you using an e-mail address your e- nail 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.
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- 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.

Appending 4

Application for the review of a premises licence or club premises certificate under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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ad	ases ensure that your answers are inside the boxes and written in laditional sheets if necessary. Ou may wish to keep a copy of the completed form for your records	
1	ELIZABETH LINDLEY Insert name of applicant)	
ap _l rev	pply for the review of a premises licence under section 51 / appointment of a premises licence under section 87 of the Licente premises described in Part 1 below (delete as applicable)	ensing Act 2001
	rt 1 – Premises or club premises details	
Pos des	stal address of premises or, if none, ordnance survey map re- scription	ference or
	EQUARE - COMPASS	
	CAULDWELL RD.	
	LINTON	
Pos	st town Post code (if known)	
	SWADLINCOTE	
кпо	me of premises licence holder or club holding club premises own)	
	nber of premises licence or club premises certificate (if know	n
Part I am		
l) ar	in interested party (please complete (A) or (B) below)	ease tick yes
a)) a person living in the vicinity of the premises	Ū
b)) a body representing persons living in the vicinity of the premise	s 📋
c)	a person involved in business in the vicinity of the premises	
d)	a body representing persons involved in business in the vicinity premises	of the

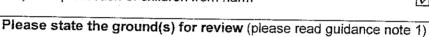
•	2) a responsible	authority (please complete	(C) below)	
	3) a member of the club to which this application relates (please complete (A) below)			
	(A) DETAILS OF	INDIVIDUAL APPLICANT	(fill in as applicable)	1
	Please tick Mr	Miss M		title xample, Rev) ´
	Surname		First names	
	LINDL	EY	ELIZAR	ETH
	l am 18 years old	or over		Please tick yes
	Current postal address if different from premises address	15, CAULD LIN SWA	WELL RD TON DLINGTE	
	Post town		Post Code	DE126R4
	Daytime contact	telephone number	01283	> Thimus
	E-mail address (optional)	elizlind	ey@hotma.	
	(B) DETAILS OF	OTHER APPLICANT		٠.
	Name and address	3		
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,	Telephone number	(if any)		
	E-mail address (op	tional)		
	·			······································

Name and address		
rune and address		
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Tolophono number (if a)		
Telephone number (if any)	·	•
E-mail address (optional)		
(1		

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

Please tick one or more boxes

- 1) the prevention of crime and disorder
- public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm



Increase in traffic.

Increase in noise from music and customers leaving the premises.

Bad language from customers.

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

Increase in number of taxis blowing homes 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 tecent months there has been a noticeable increase in vierse outside the pub, particularly at closing time. It is bad enough when this is happening between II a II.30 p. M. It 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 tari drivers simply seem to ignore the law regarding the blowing of homs.

Each morning + evening during the week 2 school kuses pick up + drop off secondary school pupils by the pub. The broken bottles - glasses are hazardows to these wildsen.

I do not feel that imusic is acceptable in a "quiet, country pub" on weekday

We have on a queet toad but if the pub was to stay open until the early hours? there would inevitably be disturbance from traffic at unsociable hours.

	Please tick yes
Have you made an application for review relating to	this premises before
If yes please state the date of that application	
a series and appropriately	Day Month Year
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If you have made representations but well the	
If you have made representations before relating what they were and when you made them	to this premises please state
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 I have sent copies of this form and authorities and the premises licen premises certificate, as appropriat I understand that if I do not comply my application will be rejected 	ce holder or club holding the club	
IT IS AN OFFENCE, LIABLE ON CONVITHE STANDARD SCALE, UNDER SECTO MAKE A FALSE STATEMENT IN ORAPPLICATION	ION 158 OF THE LICENSING ACT 2003	
Part 3 - Signatures (please read guidar	nce note 3)	
Signature of applicant or applicant's so (See guidance note 4). If signing on behacapacity.	licitor or other duly authorised agent alf of the applicant please state in what	
Signature E. L. doug Date 14.7.05		
Capacity ,,		
Contact name (where not previously give correspondence associated with this ap	ren) and postal address for oplication (please read guidance note 5)	
Post town	Post Code	
Telephone number (if any) 01283	761440	
f you would prefer us to correspond with you using an e-mail address your e- nail address (optional) elizion dieg a hotmail com		
	-	

- 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.
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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

If you are 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.
(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 200 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
CALLOWELL ROAD
Post town Post code (if known)
MNTOW DE12 BRX
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
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

2) a responsible authority (please complete (C) below)					
a member of the club to which this application relates (please complete (A) below)					
(A) DETAILS OF INDIVIDUAL APPLICAT	NT (fill in as applicable)				
Please tick Mr	Ms				
Surname	First names				
l 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)					

Name and address
Traine and address
Telephone number (if any)
E-mail address (optional)
This application to review where the state of the state o
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)
i liamen sha his has he smore h
i. Unacceptable behavour by mony of the customers
including:
i) Foul language
a Shouting at winh & and alternoons from a release
ii) Shouting at night and afternoons from gardens iii) Broken glass and bottles iv) Drinking by obviously inducege people
Wi Ac E
(1) wrong by obviously mavege people
v) use of drugs
v) use of drugs
2. Noise from Taxis, by use of their horns to pick
customers up, Taxis aboute our die to tem round.
3. Music, especially bass noise on numerous week
night and all weekends.
4. Posters and ald hanging bushels make the precuses

Please (please	provide read gu	as much infi idance note 2	formation as	possible	to suppo	rt the appli	cation	
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	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 what they were and when you made them	please state			
	-			
: -	·			

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IT IS AN OFFENCE, LIABLE ON CONVI THE STANDARD SCALE, UNDER SECT TO MAKE A FALSE STATEMENT IN OR APPLICATION	ION 158 OF THE LICENSING ACT 2003
Part 3 - Signatures (please read guidar	ace note 3)
Signature of applicant or applicant's so (See guidance note 4). If signing on behacapacity.	licitor or other duly authorised agent alf of the applicant please state in what
Signature 4 Rulhalland	
Date 1141 July 2005	······································
Capacity Objected to This nevie	22)
Contact name (where not previously give correspondence associated with this appropriated with the correspondence associated with the correspondence associated with the correspondence associated with the correspondence as	ren) and postal address for opplication (please read guidance note 5)
17 Caldwell Rd	
Links	
Post town	Post Code
Геlephone number (if any)	
f you would prefer us to correspond wit mail address (optional)	h you using an e-mail address your e-

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Appendin 4

premises

Application for the review of a premises licence or club premises certificate under the Licensing Act 2003

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2) a responsible	le authority (please com	plete (C) below)				
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	B ☐ Miss ☐	Ms 🔲	Other title (for example, Rev)			
Surname		First name	es ·			
I am 18 years o	ld or over		Please tick yes			
Current postal address if different from premises address						
Post town		Post Co	ode			
Daytime contac	t telephone number					
E-mail address (optional)						
(B) DETAILS O	F OTHER APPLICANT					
Name and addre	SS					
			,			
Telephone numbe	er (if any)					
E-mail address (o	ptional)					
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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)

- I UNSCRIABLE BEHAVOIR BY PATRONS OF THE RUBLIC House i.e. i) Four LANGUAGE

 - ii) NOISE AT NIGHT
 - iii) THROWING BOTTLES & GLASSES
 - W) UNDERFACE DRINKING
 - W) USING OF DRUGS (CALLUMBIS SMOKE)
- 2. THE PUS HAS COWE FROM A PLEASANT ICLEAN BUILDING TO ONE WHICH LOOKS UN KEMPT AND COUGRED IN POSTERS
- 3. TAXI'S & CARS BLARING THEIR VEHICLE HORDS TO PICK UP CUSTOMERS FRIENDS
- MUSIC HOW BEING PLAYED ALL NIGHTS FROM THORSDAY TO SUNDAY, DISTURBING RESIDENTS

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	s premises before
If yes please state the date of that application	
	Day Month Year
If you have made representations before relating to what they were and when you made them	this premises please state
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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 Mullialle (MULLHALLAND)				
Date Ith July 2005				
Capacity Objector to this neview				
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) Caldwell Rd.				
Post town Post Code				
Telephone number (if any)				
f you would prefer us to correspond with you using an e-mail address your e- nail address (optional)				

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Mendric 4

Application for the review of a premises licence or club premises certificate under the Licensing Act 2003

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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 O	F INDIVIDUAL APPLICAN	IT (fill in as applicabl	e)				
Please tick Mr ☑ Mrs	Please tick						
Surname		First names					
GIBSON		DOUGLAS ANNE-MAR	IE				
l am 18 years o	ld or over		Please tick yes				
Current postal address if different from premises address	27 CAVLOWELL LINTON SWADLINCOTE	RD .	÷ -				
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Daytime contac	t telephone number	01283	761477				
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(B) DETAILS OF OTHER APPLICANT							
Name and addre	SS						
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Name and address
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This application to review relates to the following linearing a binefit of
This application to review relates to the following licensing objective(s)
1) the prevention of crime and disorder Please tick one or more boxes
2) public safety
3) the prevention of public nuisance
4) the protection of children from harm
The protostion of official florif flatfil
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.
Increase of traffic and speeding vehicles
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		Please provide as much information as possible to support the application (please read guidance note 2)	
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Have you made an application for review relating	ng to this premises before
If yes please state the date of that application	· _
	Day Month Year
If you have made representations before rela what they were and when you made them	ating to this premises please state
when you made them	
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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 CAULDLIELL RD
LINITON
Post town SUADLINCOTE 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)

- 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.

Appendia 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. (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 HE SQUARE AND CONTRASS CAUDWELL ROAD 6.NON Post town Post code (if known) SUMPLACETE 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 lam 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 responsibl	e authorii	ty (please	complete	(C) below))		
3) a member of below)	f the club	to which ti	his applic	cation relate	es (please	complete (A)	
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Please tick Mr		Miss [_] М	s 🗌	Other (for e	title xample, Rev)	
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I am 18 years o	ld or ove	er				Please tick	yes
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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)	
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Please provide as much inform (please read guidance note 2)	mation as possible to support the application

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If yes please state the date of that application	
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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.

Appendist

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.

Additional sheets if necessary. You may wish to keep a copy of the completed form for your records.	. 036
I = 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 A for the premises described in Part 1 below (delete as applicable)	ie Act 2003
Part 1 – Premises or club premises details	
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Post town SWADLINGOTE Post code (if known) DE12 6 RX	
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Number of premises licence or club premises certificate (if known	
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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	

2) a responsible	e authority (please comple	ete (C) below)	
3) a member of below)	f the club to which this app	olication relates (please co	mplete (A)
(A) DETAILS O	F INDIVIDUAL APPLICA	NT (fill in as applicable)	
Please tick Mr ☑ Mrs	Miss	Ms ☐ Other tit (for exar	le nple, Rev)
Surname		First names	
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l am 18 years o	ld or over	F	Please tick yes
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Daytime contac	t telephone number	76004	9
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(B) DETAILS O	F OTHER APPLICANT		
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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
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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 Issummets
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)

- 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.

Appendosi 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.	•
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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 A for the premises described in Part 1 below (delete as applicable)	ne Act 2003
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Postal address of premises or, if none, ordnance survey map reference description	or
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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 	

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3) a member o below)	f the club to which this a	application relates	s (please	complete (A)	
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- 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.

Algendrie 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.

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	b)	a body	representing perso	ns living in th	ne vicinity of the premises	
	c)	a perso	n involved in busin	ess in the vic	dutter again a manadana	
					cinity of the premises	

	2) a responsible	authority (please com	plete (C) below)		
	3) a member of below)	the club to which this a	application relates (ple	ase complete (A)	
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	Please tick Mr ☑ Mrs	☐ Miss ☐		other title or example, Rev)	
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	CROXAU.		ANTONY.		
	l am 18 years ol	d or over		Please tick yes	
	Current postal address if different from premises address	31 CAULDA LINTEN	IFU PORO		
	Post town	SWADLINGET E	Post Code	DE 12 GRX	
	Daytime contact	t telephone number	<u>a283</u>	763794	
	E-mail address (optional)				
· .	(B) DETAILS OF	OTHER APPLICANT			
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Telephone number (if any)	
E-mail address (optional)	
This application to review relates to the following licensing objective(s)	
Please tick one or more boxe	es
1) the prevention of crime and disorder	
2) public safety	
 3) the prevention of public nuisance 4) the protection of children from harm 	
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Please state the ground(s) for review (please read guidance note 1)	
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Please provide as much (please read guidance note	information a ∈ 2)	s possible to	support the	application
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Have you made an application for review relating to	Please tick yes this premises before ☐	
If yes please state the date of that application	Day Month Year	
If you have made representations before relating what they were and when you made them	to this premises please state	
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	Please tick yes
 I have sent copies of this form and authorities and the premises licence premises certificate, as appropriate I understand that if I do not comply my application will be rejected 	enclosures to the responsible be holder or club holding the club
IT IS AN OFFENCE, LIABLE ON CONVIC THE STANDARD SCALE, UNDER SECT TO MAKE A FALSE STATEMENT IN OR APPLICATION	ION 158 OF THE LICENSING ACT 2003
Part 3 – Signatures (please read guidan	ice note 3)
Signature of applicant or applicant's so (See guidance note 4). If signing on beha capacity.	licitor or other duly authorised agent alf of the applicant please state in what
Signature // / / / / / / / / / / / / / / / / /	20 NCroxall
Date 13/07/05	12.7-05
Capacity	
Contact name (where not previously give correspondence associated with this appropriate to the correspondence associated with the correspondence as the correspondence a	ren) and postal address for oplication (please read guidance note 5)
Post town	Post Code
	1 551 5546
Telephone number (if any)	
If you would prefer us to correspond wit mail address (optional)	h you using an e-mail address your e-

- 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.

Appendin 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.

additional sheets if necessary. You may wish to keep a copy of the completed form for your records. MAJREEN 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 SQUARE + COMPARS PUBLIC LLOUSE CAVIONELL ROAD, LINTON SWADLINCOTE, DERBISHIRE Post town Post code (if known) SWADLINGTE DEIR 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 lam 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 comp	lete (C) below)			
	a member of below)	the club to which this ar	plication relates	(please o	complete (A)	
	(A) DETAILS O	F INDIVIDUAL APPLICA	ANT (fill in as ap	plicable)		
	Please tick Mr ☐ Mrs	Miss 🗌	Ms 🗌	Other (for ex	title ample, Rev)	
	Surname		First name	es		
	Por	ER.	MA	UREE	7	
	l am 18 years ol	d or over	7		Please tick yes	
	Current postal address if different from premises address	21 (CANDI SIDAD	WELL ROW LINCOTE,	DERB	ston where	
	Post town	SWADLINCOTE	Post C	ode	DEIZ GRY	
	Daytime contac	telephone number		01283	3 761509	
	E-mail address (optional)					
	(B) DETAILS OF	OTHER APPLICANT				
	Name and addres					
	MR	COLIN PO	THER	ı	1	
		CAVIDAGE COULD	re, Deep	s, Li	rton .	
	Telephone numbe	er (if any)				-
	E-mail address (o	017	.23 76	i Sogi	7	
İ						

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	
1) the prevention of crime and disorder	
2) public safety	
3) the prevention of public nuisance 4) the protection of children from harm	
The protection of children from ham	
Please state the ground(s) for review (please read guidance note 1)	
CARS RAPKED IN FRONT OF PUB AND LINES CREATING A DANGER ON THE L	
THE IN TROUT OF PUB AND)
MUDE CREATING & DANGER ON THE	1.1.
the state of the s	ribl.

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

Ches RackGo in Flowt of PUB And

Louse Cleating to Danher on The Will.

Music Volum Loud upon occassions

And Bad Language.

Sunday Afternoons, Loud Music

Coming From the Rub Disturbing

PEACE IN GARDEN

GENERALY THE PREMISES ARE A

NUISANCE BY PRESENT TITE, WITHOUT

SULUTING AND TOLKING LOUDING WHEN

Tening TO SIEED ATT NIGHT.

	Please provide as much information as possible to support the application (please read guidance note 2)	
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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 - Potter
Date 13 - 67 - 2001
Capacity LOCAL PESIDENT.
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)
21, CANDWELL ROAD, LINTON
SWADLINCAE, DERBUSHE
Post town Post Code DEIZ 6RY
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.

	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 what they were and when you made them	this premises please state
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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.

	cas add	ou are completing this form by hand please write legibly in block capitals. It is ensure that your answers are inside the boxes and written in black ink. itional sheets if necessary. I may wish to keep a copy of the completed form for your records.	n all Use
2	app evi	STEVEN EDWARD SHARRATT sert name of applicant) ly for the review of a premises licence under section 51 / apply for the ew of a club premises certificate under section 87 of the Licensing A the premises described in Part 1 below (delete as applicable)	e ct 2003
F	art	1 – Premises or club premises details	
F	os les	tal address of premises or, if none, ordnance survey map reference or pription	or
		SQUARE & COMPASS PUBLIC HOUSE	
		CANLOWELL ROAD, LINTON	
		SWADLINGTE, DERBYSHIRE	
F	ost	town Post code (if known)	
		SWADUNCOTE DE12	
k	lam nov	e of premises licence holder or club holding club premises certificat vn)	e (if
N	um	ber of premises licence or club premises certificate (if known	
	art :	2 - Applicant details	
1)	an	interested party (please complete (A) or (B) below)	k yes
	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	

below)		1. - (5) 1 1 1 1 1 1 1 1.	1 N
(A) DETAILS OF	FINDIVIDUAL APPLICA	NT (fill in as applicab	ile)
Please tick Mr ☑ Mrs	☐ Miss ☐		ner title r example, Rev)
Surname		First names	
SHARR	ATT	STEVEN	EDWARD
l am 18 years o	d or over	J	Please tick yes ✓
Current postal address if different from premises address	23, CAVLOWE LINTON, S	· ·	TE, DEEB-ISHIRE
Post town	SWAOLINGOTE	Post Code	D612 6RX
Daytime contac	t telephone number	079	10 742226
E-mail address (optional)	. Steve@Sin	azhome.fleese	erve-co.uk.
(B) DETAILS O	F OTHER APPLICANT		·
Name and addre			
(MRS GLENG	SUAPRATI	
	23, CAULOWE	ic RDAD	
	LINTON, SWI	30LINGOIE	
	De	ERBYSUILE	
Telephone numb		01283 76	2634
E-mail address (optional)		

Name and address	
·	
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Telephone number (if any)	
E-mail address (optional)	
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This application to review relates to the following licensing ob	
	ne or more boxes
the prevention of crime and disorder	
2) public safety	$\underline{\mathbf{M}}$
3) the prevention of public nuisance	$ \underline{\mathcal{L}} $
4) the protection of children from harm	
Please state the ground(s) for review (please read guidance note	e 1)
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& Public SAFETY	
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PACTIC	
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- Bloken glass on ROAD	
- Broken glass on ford	
- BROKEN GLASS ON ROAD	
- BROKEN GLASS ON ROAD * PUBLIC INVIDENCE	
- BROKEN GLASS ON ROAD * PUBLIC NUMBER	·
- BROKEN GLASS ON ROAD * PUBLIC NUMBER	
- BROKEN GLASS ON FORD * PUBLIC NVINANCE - YOUTHS SHOWING AND USING	UNDESIEABIE
- BROKEN GLASS ON FORD * PUBLIC WINDANCE - YOUTHS SHOTTING AND USING	UNDESIEDBIE
- BROKEN GLASS ON ROAD ** PUBLIC NUMBER - YOUTHS SHOUTING AND USING -LANGUAGE.	
- BROKEN GLASS ON ROAD ** PUBLIC NUMBER - YOUTHS SHOUTING AND USING -LANGUAGE.	
- BROKEN GLASS ON FORD ** PUBLIC HUINANCE - YOUTHS SHOUTING AND USING -LANGUAGE. - EXERSIVE NOWE FORM MUSIC	
- BROKEN GLASS ON FORD ** PUBLIC HUINANCE - YOUTHS SHOUTING AND USING -LANGUAGE. - EXERSIVE NOWE FORM MUSIC	
- BROKEN GLASS ON FORD ** PUBLIC HUINANCE - YOUTHS SHOUTING AND USING -LANGUAGE. - EXERSIVE NOWE FORM MUSIC	
- BROKEN GLASS ON FORD ** PUBLIC NUMBER - YOUTHS SHOUTHER AND USING -LANGUAGE. - EXERSIVE NOISE FROM MUSIC ON SUNDAY ATTERNOODS	- Esleany
- BROKEN GLASS ON FORD ** PUBLIC NUMBER - YOUTHS SHOUTHER AND USING -LANGUAGE. - EXERSIVE NOISE FROM MUSIC ON SUNDAY ATTERNOODS	- Esleany
- BROKEN GLASS ON FORD ** PUBLIC INVIDENCE - YOUTHS SHOUTHER AND USING -LANGUAGE. - EXERSIVE NOISE FROM MUSIC ON SUMBAY ATTERNOODS - POSSING CARS + TAXLE ON US	- Esleany
- BROKEN GLASS ON FORD ** PUBLIC INVIDENCE - YOUTHS SHOUTHER AND USING -LANGUAGE. - EXERSIVE NOISE FROM MUSIC ON SUMBAY ATTERNOODS - POSSING CARS + TAXLE ON US	- Esleany
- BROKEN GLASS ON FORD ** PUBLIC NUMBER - YOUTHS SHOUTHER AND USING -LANGUAGE. - EXERSIVE NOISE FROM MUSIC ON SUNDAY ATTERNOODS	- Esleavy

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

- UNDERBEE DRINKING WITHERFED, SOME BOWS SEEN GETTING OFF SCHOOL BUS AND ENTERING PUB. AISO, WITHERFO YOUNG BOY BEING SICK ON PAVEMENT
- A Couple WERE ALSO SEEN SHOKING A JOINT ON CAR PARK.
- MUSIC NOWE IS A NUMBER AT NIGHT TIME, WHEN WINDOWS AND DOORS OFF THE PUB ARE OPEN.
- EQUIPMENT BEING LOADED INTO VANS ON FRONT OF PUB LATE AT MIGHT IS VERY NOWY
- Passing Customels Constitutiony "PEEP" Hoen Going Past THE PUB.
- LOURS, DRINKING ON PAREMETT 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
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 Tue
15SUING OF AN ENTERTAINERS LICENCE. 2, May 2004 - NOISE LEVELS FROM PUB CREATING A DUTURBANCE ON MANT 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 A & And
Date /3/07/01
Capacity LOCAL RESIDENT.
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)
·23, CANDWELL ROAD, LINTON, SWADLINGTE
DERBISUIRE
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)

- 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.
- 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 second se	tals in all
(Inport name of a 17 a)	
(Insert name of applicant) apply for the review of a premises licence under section 51 / apply to review of a club premises certificate under section 87 of the Licens for the premises described in Part 1 below (delete as applicable)	for the ing Act 2003
Part 1 – Premises or club premises details	
Postal address of premises or, if none, ordnance survey map refere description	nce or
SQUARE AND COMPASS	
CAULDINELL ROAD	
SQUARE AND COMPASS CAULDWELL ROAD LINTON DEIZ GRX	
Post town Post code (if known)	
Name of premises licence holder or club holding club premises cert known) Number of premises licence or club premises certificate (if known	ificate (if
Part 2 - Applicant details	
lam	
an interested party (please complete (A) or (B) below)	e tick yes
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 t premises 	he 🗌

(A) DETAILS OF INDIVIDUAL A	PPLICANT (fill in as applicable	e) .
Please tick Mr ☑ Mrs ☐ Miss		er title example, Rev)
Surname 🛱	First names	·
SMITH	PETER	2
l am 18 years old or over		Please tick yes
Current postal address if different from premises address UNION SWA OUI	NEU RAD NOTE LRYSHIRE	
Post town	Post Code	DE12 6.2X
Daytime contact telephone num	ber	
E-mail address (optional)		
(B) DETAILS OF OTHER APPLIC	CANT	
Name and address		
		and the second s

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)
We have just relived into a
Moderated atla just to find out
that we are going to be invaded
with more noise, Shouling, Speeding,
nuise, and drunkeness and other
things that come with longer
Lours. We do not need this
at our time of life

(please read guid	as much information lance note 2)	on as possib	le to support the	e application	
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	Have you m	nade an appli	cation for re	eview relatin	g to this pr	remises be		e tick yes	5	
	If yes pleas	se state the da	ite of that a	pplication		ay Mont	h Year	<u>-</u>	.7	,
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	If you have	made repre	sentations	before rela	ting to thi	is premis	es pleas	se state		
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 I have sent copies of this form and e authorities and the premises licence 	Please tick yes inclosures to the responsible holder or club holding the club
premises certificate, as appropriate understand that if I do not comply w	
IT IS AN OFFENCE, LIABLE ON CONVICT THE STANDARD SCALE, UNDER SECTION TO MAKE A FALSE STATEMENT IN OR II APPLICATION Part 3 – Signatures (please read guidance) Signature of applicant or applicant's solid (See guidance note 4). If signing on behalf capacity.	N 158 OF THE LICENSING ACT 2003 N CONNECTION WITH THIS e note 3) citor or other duly authorised agent
Signature	
Signature / mil	
Date // 07 /	1005
Capacity	
Contact name (where to in 1	
Contact name (where not previously give correspondence associated with this app	i) and postal address for lication (please read guidance note 5)
Post town F	
<u>·</u>	ost Code
Telephone number (if any)	
f you would prefer us to correspond with mail address (optional)	you using an e-mail address your e-

- 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.
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1)

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.
(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
SOUADE & Conder
Public House
Public House CADWERE PD LINTON
Post town
FOST CODE (IT KNOWN)
SWADLINCOZ DERBYS
Name of premises licence holder or club holding club premises certificate (if known) $\leq auare$ q $empassion$
Number of premises licence or club premises certificate (if known
NOT KNOWN
Part 2 - Applicant details
l am
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)	J
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	
Surname First names	
King. Rober Masser.	`
I am 18 years old or over	,
Current postal address if different from premises address 47, CACD WELL RD LINTON SWHOLINGUIC AND WELL RD CACD	
Post town SWADUNCOTE Post Code DE1262	X
Daytime contact telephone number 01283761034	
E-mail address (optional)	-
(B) DETAILS OF OTHER APPLICANT	
Name and address	
Telephone number (if any)	\neg
E-mail address (optional)	

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Th	ic application to media to the contract		
1 # 3	is application to review relates to the fol	lowing licensing ob	iective(s)
		Places tick a	ne or more boxes
-	I) the presention of the second	riease lick o	me or more boxes
) the prevention of crime and disorder		
- 2	2) public safety		
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¢	the prevention of public nuisance		₩ .
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Please state the ground(s) for review (please read guidance note 1)

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AND ON THE EDGE OF A VICEAGE

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AND HAS REQUESTE EVENNES OF

LIVE MISIC.

THIS AREA IS IN THE HORSE

OF THE NATIONAL FOREST

AND IT SEEMS AT ODDS TO

HADRE ABBLICE FOR IN THESE

SURROUNDINGS.

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

I FURTHER OBJECT BECAME

SINCE THE PRECONT LICENSEES

HAVE OCCUPIED THE PREMISES

THERE WAS PENDOTHER DOTH

MARKED INCREASE IN LOCAL

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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
If you have made as made as the state of the
If you have made representations before relating to this premises please state what they were and when you made them
15/2
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 July				
Date 12/07/05				
Capacity POINATE COTTENTS				
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)				
Post town Post Code				
elephone number (if any)				
f you would prefer us to correspond with you using an e-mail address your e- nail 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.
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