

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 Yvonne Swinton, Community Protection Manager (for and on behalf of Newark and Sherwood District Council)
.....
(Insert name of applicant)

Apply for the review of a premises licence under Section 51 of the Licensing Act 2003 for the premises described in Part 1 below

Part 1 – Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description	
Club X 18 Castle Gate	
Post town Newark	Post code (if known) NG24 1BG

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

Number of premises licence or club premises certificate (if known)
002671

Part 2 - Applicant details

I am

Please tick ✓ yes

- 1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)
- 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 ✓ yes

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 Yvonne Swinton Community Protection Manager Newark and Sherwood District Council Castle House Great North Road Newark NG24 1BY
Telephone number (if any) 01636 650000
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 2)

Club X is sited in an area that consists of both residential and business premises. The premises licence allows the sale of alcohol both on and off the premises and has the following opening times:-

Monday to Wednesday – 8pm – 2am
Thursday and Sunday – 8pm – 3.30am
Friday and Saturday – 8pm – 4.30am

To the rear of the premises in an elevated, tiered area of land there is a smoking area/smoking shelter. This is an enclosed area in a larger plot of land to the rear of the premises.

Noise complaints started in July 2023 relating to both music and patron noise. Officers from the NSDC Licensing team met with the Manager to reduce the noise and this resulted in the music noise levels being addressed to an acceptable level. The noise from patrons mainly resulted from the use of the smoking area to the rear and this has not been addressed.

On 8th July 2024 an Abatement Notice under Section 80 of the Environmental Protection Act 1990 was served on the Supervisor and Owner of Club X requesting that the patron noise described above be abated immediately.

To date, the noise has not been abated and further complaints have been received.

In order to support the prevention of public nuisance Licensing Objective, our Environmental Protection Team would ask for the following recommendations to be considered by the Licensing Authority:

1. Revoke the Premises Licence;
2. Vary the Premises Licence in order to reduce opening hours;
 - Mon – Wed – 8pm – 11.30pm
 - Thurs and Sun – 8pm – 11.30pm
 - Fri and Sat – 8pm – 12.30
 - Or other hours as see fit;
3. Limit the patrons within the smoking area to no more than 5 people at a time and enforce with door staff;
4. Prohibit the use of the outside area of the premises by customers;
5. Prohibit use of the outside area to the rear after 23:00;
6. Require the adaption of the inside of the premises to include a “quiet” area for those who wish to chat and relax away from the music.

Please provide as much information as possible to support the application (please read guidance note 3)

Have you made an application for review relating to the premises before

Please tick ✓ yes

If yes please state the date of that application

Day Month Year

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

Not Applicable

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 4)

Signature of applicant or applicant’s solicitor or other duly authorised agent (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

..... 

Date

.....21st October 2024.....

Capacity

Community Protection Manager, for and on behalf of Newark and Sherwood District Council.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

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)