

LICENSING ACT 2003 - Section 51 / Section 87

Application for the review of a premises licence or club premises certificate

Arun District Council	Reference number:
Arun Civic Centre	
Maltravers Road	
Littlehampton	
West Sussex BN17 5LF	

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 ecrtificate 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, ord	nance survey map reference or description
THE UNICORN	
76 HIGH STR	FET
10 mm sie	
Post town	Post code (if known)
BOGNOR REGIS	POZI IRZ

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

CHAMBERS PROPERTIES UK LTD.

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



Part 2 - Applicant details

I am			Please tick ✓ yes
	ody or business which is nead guidance note 1, and c		\square
2) a responsible au	thority (please complete (C) below)	
a member of the club to which this application relates (please complete (A) below)			
(A) DETAILS OF	INDIVIDUAL APPLIC	CANT (fill in as applicable)	
Please tick ✓ yes			
Mr Mrs	Miss		er title example, Rev)
Surname		First names	
Moor	LÉ	MARILYN	\$
I am 18 years old	or over		Please tick ✓ yes
Current postal address if different from premises address			
address if different from premises	BOGNOR REG	Post Code	
address if different from premises address		Post Code	
address if different from premises address Post town		Post Code	
address if different from premises address Post town Daytime contact t E-mail address (optional)		15	
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address if different from premises address Post town Daytime contact t E-mail address (optional) (B) DETAILS OF	elephone number	15	

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)	
1) the prevention of crime and disorder 2) public safety 3) the prevention of public nuisance 4) the protection of children from harm	more boxes ✓

Please state the ground(s) for review (please read guidance note 2)

ANTI SOCIAL BEHAVIOUR OF CUSTOMERS OUTSIDE PREMISIS EG.

NOISE

SHOUTING

BAD LANGUAGE

FIGHTING

DRINKING, SHASHING BOTTLES DRUNKENESS

DRUGS BEING SOLD AND TAKEN IN PHONEBOX

LOUD MUSIC FROM JUKEBOX UNTIL 12.40 a.m.

GROUPS HANGING AROUND AFTER CLOSING UNTIL EARLY HOURS URINATEING IN CHURCHYARD Please provide as much information as possible to support the application (please read guidance note 3)

SINCE THIS PUB STARTED STAYING OPEN UNTIL 1-1-300, IN LAST APRIL ATTRACTING LARGE GROUPS OF YOUTHS (18?-2445)
THERE ARE TO HANY INCIDENTS FOR HE TO DETAIL IN THE SPACE PROVIDED, BUT WHAT I CAN DO IS PROVIDE COPIES OF THE DIARIES I HAVE BEEN SENDING TO K.H EVERY HONTH STATING WHAT GOES ON. I CAN ALSO PROVIDE VIDEO FOOTAGE I HAVE RECORDED TO PROVE WHATS HAPPENING OUTSIDE

APART FROM E.H I HAD A MEETING WITH MR V MULHERN IN OCTOBER AND A P.L.O (I WROTE TO WEST SUSSEX LICENCEING)
BOTH ACKNOWLEDGED THERE WERE PROBLEMS AND MADE PROMISES BUT SO FAR NO CHANGE AS SUCH.

I HAVE ALSO MET WITH NICH GIBB MP, WHO WROTE TO HEAD OF ARUN COUNUL BUT THE REPLY HE RECEIVED FROM WARL ROBERTS WAS TOTAMY INCORRECT I HAVE ASKED FOR THE NAME WHO PROVIDED THE FALSE INFORMATION AS I FELT IT MADE HE LOOK A LIAR.

HAVE ATTACHED A COPY OF AN ARTICLE
FROM DECEMBERS BOGNOR OBSERVOR,
AS YOU CAN SEE IT HAS COME TO
THE ATTENTION OF THE TOWN COUNCILORS
WHO ARE CONCERNED ABOUT THE
TROUBLE SURROUNDING THIS PUB.
I APPRECIATE E.H AND THE POLICE HAVE
WORKED HARD TO RESOLVE THE PROBLEM
BUT CLEARLY THE INTERVENTIONS THEY
PLACED ARE NOT WORKING.

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

Behaviour at Bognor pub a problem

Concerns have been raised by town councillors over antisocial behaviour around a
Bognor pub.
The Unicorn in the High
Street attracted attention from the town council after it
received complaints regarding a breach on licensing and
litter.

Speaking at a planning and
licensing committee meeting
on Tuesday. December all
councillors Sandra: Darnells
said. Some people have said

that there is so much trou

Minutes for the council's previous - meeting on Wednesday, in December of Wednesday, in December of Wednesday, in the following discussion, members decided the Bill should be approached to see if it would work with the town council to tackle the problems.

Councillor Matt Stanley said: Thave had reports from constituents and businesses and I think the response sounds a little weak to the



WHAT IS HAPPENING NOW IS THAT THE PUB
IS NEARLY EMPTY UNTIL 11.15pm THEN WHEN
OTHER VENUES CLOSE THEY HEAD TO THE
UNICORN, STILL ARRIVING AT 12.40am FOR
LAST ORDERS. THEN NOT EXACTLY QUIET WHEN
THEY LEAVE AT 1.20-1.30am

NIGHTS BUT I BELIEVE THIS IS DOWN TO THE TIME OF YEAR AND NOT ANY RESTRICTIONS AND THAT BY APRIL IT WILL BE SAME AS LAST YEAR.

. . . .

A DESCRIPTION OF THE	Ple	ease	tick	\checkmark	ves	S
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and the premises licence holder or club h	olding the club premises certificate,
 as appropriate I understand that if I do not comply with application will be rejected 	the above requirements my
IT IS AN OFFENCE, UNDER SECTION 158 A FALSE STATEMENT IN OR IN CONNEC WHO MAKE A FALSE STATEMENT MAY TO A FINE OF ANY AMOUNT. Part 3 – Signatures (please read guidance note Signature of applicant or applicant's solicitor guidance note 5). If signing on behalf of the app	TION WITH THIS APPLICATION. THOSE BE LIABLE ON SUMMARY CONVICTION 4) or other duly authorised agent (please read
Date 23.1,19	
Capacity	
Contact name (where not previously given) an associated with this application (please read gu	
Post town	Post Code
Telephone number (if any)	
If you would prefer us to correspond with you (optional)	using an e-mail address your e-mail address

I have sent copies of this form and enclosures to the responsible authorities

Notes for Guidance

- A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
- The ground(s) for review must be based on one of the licensing objectives.
- Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
- 4. The application form must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 6. This is the address which we shall use to correspond with you about this application.

