













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 MAURICE CONTHORN. apply for the review of a (Insert name of applicant) 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)

Postal address of premises or club premises, or if none, ordnance survey map reference or description

DECADES | FUSICN
8A CARRINGTON STREET

Post town KETTERING Post code NN16 ODZ

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

DECADES | FUSICN | SOPRANO | P

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

DECADES FC/8/ON SOPRANOS

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
- 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

KETTERING BOROUGH COUNCIL

REC'D

19 AUG 2011

CUSTOMER SERVICES & INFORMATION

2) a responsible a	uthority (please complete (C) below			
3) a member of the	club to which this application relate (please complete (A) below)	s 🗆		
(A) DETAILS OF I	NDIVIDUAL APPLICANT (fili in as :	applicable)		
Mr	Mos Miss	Ms	Other title (for example, Rev)	
CAWTH	CRN	MAUR MAUR		Y 1000
I am 18 years old d	or over	<i>‡</i>	record sick	
Current address	33 LEWIS CARRINGTON		7	
Post Town	WETTERINCE	Postcode		
Daytime contact tei	lephone number			7
E-mail address (optional)	•			?m
(B) DETAILS OF OT	HER APPLICANT			
Name and address				
elephone number (if	any)			+
-mail (optional)		<u>.</u>		-

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address		52	•
	<u>(#</u>		
Telephone number (if any)			
E-mail (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 note1)

THE PREMISES ARE CAUSING AN UNACCEPTABLE

NOISE LEVEL TO THE RESIDENTS OF

THE AREA,

IT HAS BEEN NECESSARY TO KONGE

SEVERAL COMPLAINTS CONCERNING

THE LEVEL OF THE CONTINUOUS

LOUD MUSIC - THIS IS MAINLY

ON EVERY FRIDAY AND SATURDAY

HOINEVER ON WEDS IT AUGUST

THE NOISE FROM MUSIC +

SINGING WAS DEFINIATELY AT

ITS WORST,

THE PERSISTANT MUSIC THAT CATEN

Please provide as much information as possible to support the application (please read guidance GOES ON PAST ZAM PREVENTS SLEEP. THIS ALSO ATTRACTS ANTI SOCIAL BEHAVIOUR OUTSIDE THE PREMISES - PECPLE PATRONISME THE CLUB ARE SHOUTING - SWEARING, SCMETIMES FIGHTING AND THE POLICE HAVE BEEN CALLED ON SEVERAL OCCASIONS TO CALM DOWN A DISTURBANCE THE PREMISES USED TO BE A LOCAL PCIBAL HOUSE THE PRESENT USE IS NOT APT SINCE THERE IS NO SOUND PROPUNCY - EVERY TIME THE FRONT DOORS ARE GRENEN - AT REGULAR INTERVALS - SINCE SMOKERS USE THE STREET - THERE IS A LOUDER SCIRGE OF LOUDER MUSIC. BRCKEN GLASS + EMPTY BOTTLES HAVE BEEN FOUND ON RESIDENT P PROPERTY WHICH I HAVE CLEARED UP MYSELF. IT HAS BEEN NECESSARY TO VACATE MY HOME ON MANY OCCASIONS AFTER MIDNIGHT TO GO AND SLEEP AT A RELATIVES HOUSE - I HAVE HAD INSTALLED AT A COST SECONDARY GLAZING TO OUT DOWN THE NOISE,

1 AM MISELF A SUFFERER OF THE CHRONIC ILLNESSES - WHERE I AM QUITE HAPPY TO PRODUCE MEDICAL EVIDENCE. REST IS VERY IMPORTANT + WORKING IN FULL TIME EMPLOYMENT, PECPLE AND IN CONSIDERATE CLUB CHNERS - CREATING AND ATTRACTING SUCH A NUSIANCE IS VERY BAD, ESPECIALLY NON IT IS HAPPENIA IN WEEKNIGHTS - I AM NON HAVING TO RESORT TO SLEEPING PILLS - WHICH IS AFFECTING THE QUALITY OF MY LIFE THIS MATTER HAS BEEN REPORTED TO THE ENVIRONENTAL NIGHT CFFICER + THE PELICE REGARDING ANTI SOCIAL BEHAVIOUR THE LAST INCIDENT NUMBER BRING 448 - YOU ARE AT LIBERTY TO WITNESS THIS FROM MY HOME AT ANYTIME

Have you made an application for review relating to this premise. If yes please state the date of that application	Please tick √ yes s before
	Day Month Year
If you have made representations before relating to this prenand when you made them	nises please state what they were

Please tick	yes
	Ħ
thorities and the	/
, as appropriate	/
application will be	

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 (please read guidance note 4). If signing on belief of the applicant please state in what capacity.

Signature	/ 1
Dale	8/8/204
Capacity App/	cant
//	
Contact name (where not previou this application (please read guida	ely given) and address for correspondence associated with ince note 5)
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspo (optional)	ond with you using an e-mail address your e-mail address

Notes for Guidance

- 1. 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.
- 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.