[Insert name and address of relevant licensing authority and its reference number (optional)]

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.

You may wish to keep a copy of the completed for	cm for your records.	
I Nigel Dermott, 42076439, Police Licensing Of (Insert name of applicant)	ficer Chelmsford & Maldon	
apply for the review of a premises licence under	r section 51 / apply for the review of a club	
premises certificate under section 87 of the Lice	ensing 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	e survey map reference or description	
ZARA INDIAN CUISINE		
THE MAYLAND MILL		
MAYLAND		
Post town CHELMSFORD	Post code (if known) CM3 6EG	
Name of premises licence holder or club holding	g club premises certificate (if known)	
ABDUL KASIM		
Number of premises licence or club premises ce	rtificate (if known)	
07/00700/LAPRE 103		
Dest2 Asset Lat 1		
Part 2 - Applicant details		
Iam		
1 am	Places tiels of year	
	Please tick ✓ yes	
1) an individual, body or business which is not a re	sponsible	
authority (please read guidance note 1, and comple	te (A)	
or (B) below)	_	
	4.4	
2) a responsible authority (please complete (C) below)		
3) a member of the club to which this application re	elates	
(please complete (A) below)		

(A) DETAILS OF INDIVIDUAL APPLICAN	T (fill in as applicable)
Please tick ✓ yes	
Mr Mrs Miss	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	
Nigel DERMOTT 42076439	
ESSEX POLICE	
COUNTY LICENSING HUB	
BRAINTREE POLICE STATION	
BYTHS MEADOW	
BRAINTREE	
CM7 3DJ	
Telephone number (if any)	
01245 452035	
E	
E-mail address (optional)	
Licensing.applications@essex.pnn.police.uk	
This application to review relates to the following licer	using objective(s)
- A A	
	Please tick one or more boxes ✓
1) the prevention of crime and disorder	
2) public safety	Ħ
3) the prevention of public nuisance	H
4) the protection of children from harm	H

Please state the ground(s) for review (please read guidance note 2)
The grounds for review are that the crime and disorder objective of the Licensing Act has been
undermined in that Immigration Compliance and Enforcement officers of the Home Office
discovered disqualified persons working illegally on the premises. The statutory crime prevention
objective in the 2003 Act includes the prevention of immigration crime and the prevention of the
illegal working in licensed premises. In particular, employing a person who is disqualified from
work by reason of their immigration status is a criminal activity which in accordance with the
guidance issued by the Home Office under Sec. 182 to the Licensing Act 2003, Para. 11.26 –
11.28 should be treated particularly seriously.

6. This is the address which we shall use to correspond with you about this application.