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 , Rebecca Birch, Regulatory Compliance Office	cer				
(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, ordnano	ce survey map reference or description				
The Cock Hotel 60 Two Trees Lane Denton					
Post town Denton	Post code (if known) M34 7SZ				
Name of premises licence holder or club holdin Ei Group Ltd.	ng club premises certificate (if known)				
Number of premises licence or club premises of PL0281	vertificate (if known)				
Part 2 - Applicant details					
I am	Please tick ✓ yes				
1) an individual, body or business which is not a authority (please read guidance note 1, and compor (B) below)					
2) a responsible authority (please complete (C) be	elow) X				
3) a member of the club to which this application (please complete (A) below)	relates				

(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 t	telephone number					
E-mail address (optional)						
(B) DETAILS OF OTHER APPLICANT						
Name and address						
Telephone number	(if any)					
E-mail address (op	otional)					

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Rebecca Birch
Licensing Office
Tame Street Depot
Tame Street
Stalybridge
SK15 1ST
Telephone number (if any)
0161 342 2609
E-mail address (optional)
Rebecca.birch@tameside.gov.uk

This application to review relates to the following licensing objective(s) ${\bf r}$

Please tick one or more boxes ✓

X

1) the prevention of crime and disorder

2) public safety3) the prevention of public nuisance4) the protection of children from harm

Please state the ground(s) for review (please read guidance note 2)			
The operation of this premises has seriously undermined two of the four licensing objectives, namely;			
The prevention of crime and disorder Public safety			

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

On 5 November 2020, The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020 came into force. These regulations required public houses to close, except for pre-ordered sales of alcohol for consumption off the premises, providing the purchaser did not enter the premises.

On the 25 November 2020, Greater Manchester Police (GMP) received a complaint from a member of the public that customers had been seen to enter the Cock Hotel via the back door.

At 19:48hrs, GMP attended the premises. Upon arrival they spoke with Michael Andrew, who at the time of the visit, was the Designated Premises Supervisor (DPS).

Mr Andrew informed the Police that he lived at the premises and was having a drink with his lodger, watching the football.

Upon further investigation, a Police Officer went upstairs at the premises and found 4 people hiding.

All parties were given Fixed Penalty Notices for facilitating and attending a gathering, clear breaches of The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020.

On 26 November 2020, the Licensing Manager and the Police Licensing Officer, attended the premises to discuss the offences that had been committed and to view the CCTV.

Mr Andrew informed the Officers that what had taken place on 25 November was an isolated incident where regulars of the pub had visited him to watch the football together and there had been no sales of alcohol.

Upon review of the CCTV footage, it was found that the premises had been open (via the back door) and trading on a number of occasions, thoughout the lockdown period, including on the following dates;

8th November

15th November

21st November

25th November

Further, CCTV footage also shows that the premises had been open on 4 November 2020. On this date, prior to the lockdown in England, licensed premises were required to sell alcohol only as part of a table meal. The CCTV footage showed that the premises had been operating without selling food.

There have been flagrant breaches of the Covid Regulations and the DPS and PLH have significantly failed to uphold the licensing objectives.

Please	tick	✓	yes
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X

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

If yes please state the date of that application

Day	y	Month		Month Year		ar	

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

- 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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 Robins	
Date 4th December 202	0
Capacity Regulatory Complia	ance Officer
Contact name (where not previously given) as 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)	u using an e-mail address your e-mail address

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.
- 2. 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.
- 5. 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.