



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 Guy HARRISON

(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, ordnance survey map reference or description "Estuary", 65 Clifton Street	
Post town Lytham St Annes	Post code (if known) FY8 5ER

Name of premises licence holder or club holding club premises certificate (if known) Fakhrul ISLAM
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Number of premises licence or club premises certificate (if known) PL0432
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Part 2 - Applicant details

I am

Please tick yes

- 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
 - c) 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
- 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

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

PC 515 Guy HARRISON
Lancashire Constabulary
Bispham Police Station
Red Bank Road
Blackpool
FY2 0HJ

Telephone number (if any)

██████████

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 | x |
| 2) public safety | x |
| 3) the prevention of public nuisance | |
| 4) the protection of children from harm | |

Please state the ground(s) for review (please read guidance note 1)

The licence holder of the above premises, Mr Fakhru ISLAM was charged, and remanded in custody on 11/12/24 with the following offence:

Criminal Damage – Arson Endangering Life

The Police believe that allowing this premises to continue trading would undermine the licensing objectives of Prevention of crime and Disorder and Public Safety. The Police have therefore brought this review of the premises licence before the committee.

Please provide as much information as possible to support the application
(please read guidance note 2)

The offence took place in the Wyre Borough area on 8/12/24. The suspect, Mr ISLAM, allegedly approached a restaurant premises in a mixed business/residential area and set fire to the same whilst the business was closed, using an accelerant. There were occupied residential flats above the restaurant. The restaurant was burned down and smoke damaged the flats above it.

Given the extremely serious nature of this alleged crime and the threat to life that it posed, the Police believe the licence should be revoked from the above premises. Mr ISLAM is both the Premises Licence Holder and the Designated Premises Supervisor.

Please tick yes

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

If yes please state the date of that application

Day Month Year

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

Please tick yes

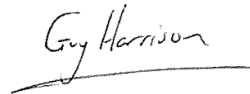
- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate x
- I understand that if I do not comply with the above requirements my application will be rejected x

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 (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature



.....
Date 17/12/2024
.....

Capacity Police Licensing Constable
.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

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)

Notes for Guidance

1. The ground(s) for review must be based on one of the licensing objectives.
2. 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.
4. 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.