

## PROTECTIVE MARKING

METROPOLITAN  
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Form 691

**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 Michael Emery PS19ZD**

apply for the review of a premises licence under Section 51 of the Licensing Act 2003  
for the premises described in Part 1 below

**Part 1 – Premises or club premises details****Postal address of premises or club premises, or if none, ordnance survey map reference or description:**

Dice Bar ,36 High Street

**Post town:**

Croydon

**Post code:**  
(if known)

CR0 1YB

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

Twilight Lounge Bar LTD

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

10/01076/LIPREM

**Part 2 – Applicant details****I am:**

Please tick Yes

- |          |   |                                     |
|----------|---|-------------------------------------|
| <b>1</b> | an individual, body or business which is not a responsible authority<br>(please read guidance note 1 and complete (A) or (B) below) | <input type="checkbox"/>            |
| <b>2</b> | a responsible authority (please complete (C) below)   | <input checked="" type="checkbox"/> |
| <b>3</b> | a member of the club to which this application relates (please complete section (A) below)  | <input type="checkbox"/>            |

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**(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)**

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Any other title (e.g. Rev.)	<input type="checkbox"/>
Surname:				First Names:					
I am 18 years old or over				<input type="checkbox"/>					
Current postal address if different from premises address:									
Post town:				Post code:					
Daytime Tel. No.:				Email: (optional)					

**(B) DETAILS OF OTHER APPLICANT (fill in as applicable)**

Name and Address:	
Telephone Number (if any):	
Email address: (optional)	

**(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT (fill in as applicable)**

Name and Address:	
Metropolitan Police ,Croydon Police station, 71 Park Lane ,Croydon ,CR9 1BP	
Telephone Number (if any):	0208 649 0167
Email address: (optional)	Michael.emery@met.police.uk

**This application to review relates to the following licensing objective(s)**

		Please tick one or more boxes
1	The prevention of crime and disorder	<input checked="" type="checkbox"/>
2	Public safety	<input type="checkbox"/>
3	The prevention of public nuisance	<input type="checkbox"/>
4	The protection of children from harm	<input type="checkbox"/>

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

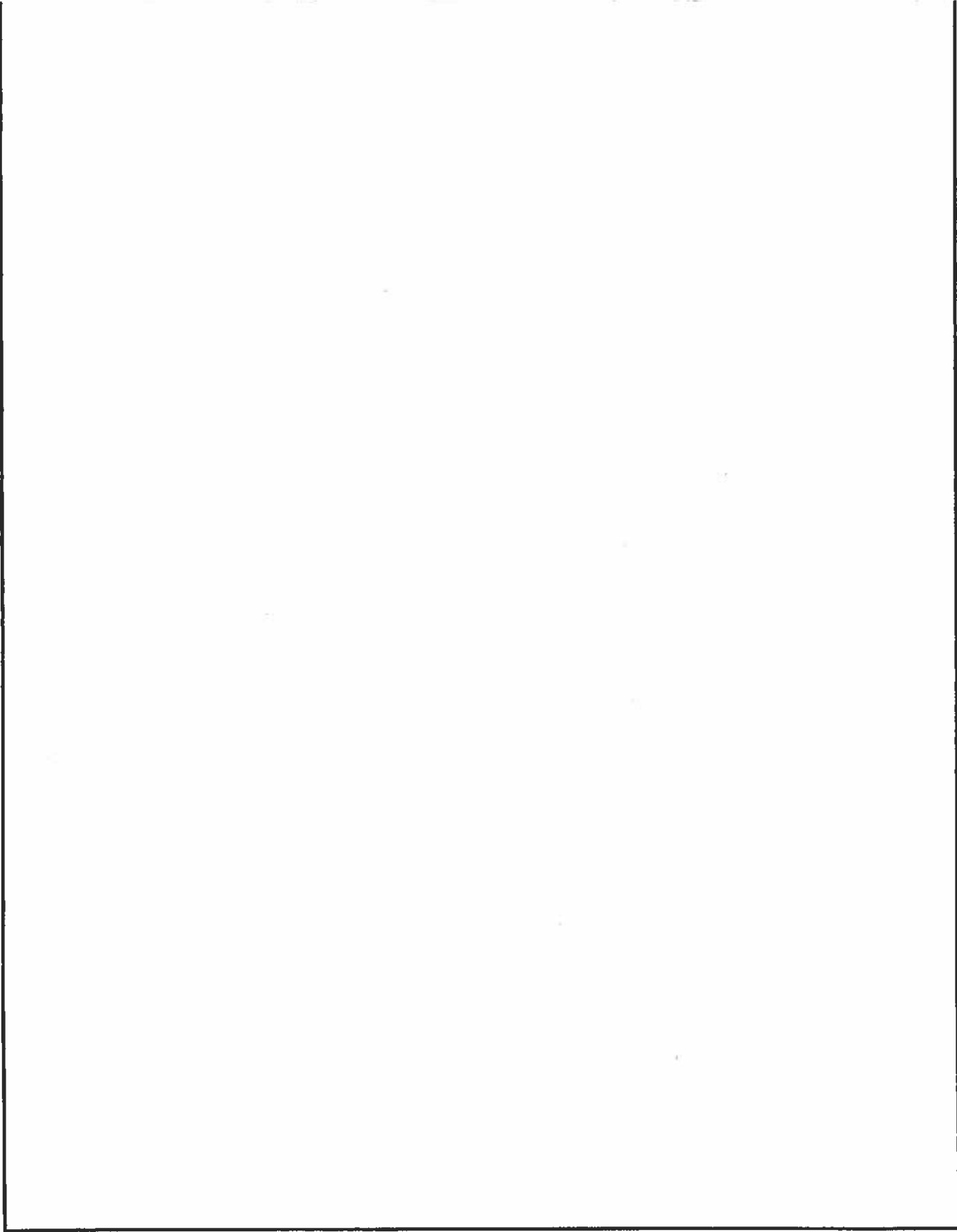
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Having reviewed the history of incidents related to this premises, it is clear from the evidence that the Premises Licence Holder (PLH) and Designated Premises Supervisor (DPS) have systematically failed in their duty to promote the licensing objectives. The continuing occurrence of high levels of drunkenness at the premises, which is a running theme throughout many of the incidents linked to this premises, along with the very serious nature of crime consistently occurring at the venue, has created an environment in which patrons are being regularly put at risk of harm, as well as officers who are posted to work within the town centre every weekend, which is unacceptable and has culminated in the venue being associated with persistent crime and disorder. Over the last twelve months we have taken a stepped approach in dealing with this venue and I have found that on the three occasions where we have engaged with the staff at the premises there has been a significant improvement in the reduction of crime and disorder, however these measures have proven to be unsustainable on a permanent basis. Each weekend significant resources are deployed within the town centre in order to prevent crime and disorder and maintain the reduction in violent crime which has been achieved over the last year. However the main drain on police resources is the DICE BAR and having to deal with the crime and disorder associated with this premises clientele during the evening and during their dispersal in the early hours of the morning. The majority of incidents occurring at this premise occur during the night time phase of this premises operation, and the suspects are often highly intoxicated which appears to fuel the violent and anti social behaviour demonstrated in the reports linked to this premises

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

A1,

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Have you made an application for review relating to this premises before?  (Please tick yes)

A-1

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Day Month Year

If yes, please state the date of that application:

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

[Empty response area for representations]

Please tick Yes

AI

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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 4)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 5). If signing on behalf of the applicant please state in what capacity.

Signature:  Date: 02.03.2016

Capacity: Applicant

Contact name (where not previously given) and postal address for correspondence associated with this application: (please read guidance note 6)

Police licensing team

Post town: Croydon Post code: CR9 1BP

Telephone Number (if any):

0208 649 0167

If you would prefer us to correspond with you using an e-mail address, your e-mail address (optional):

Notes for Guidance

1. 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.
3. 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.