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.

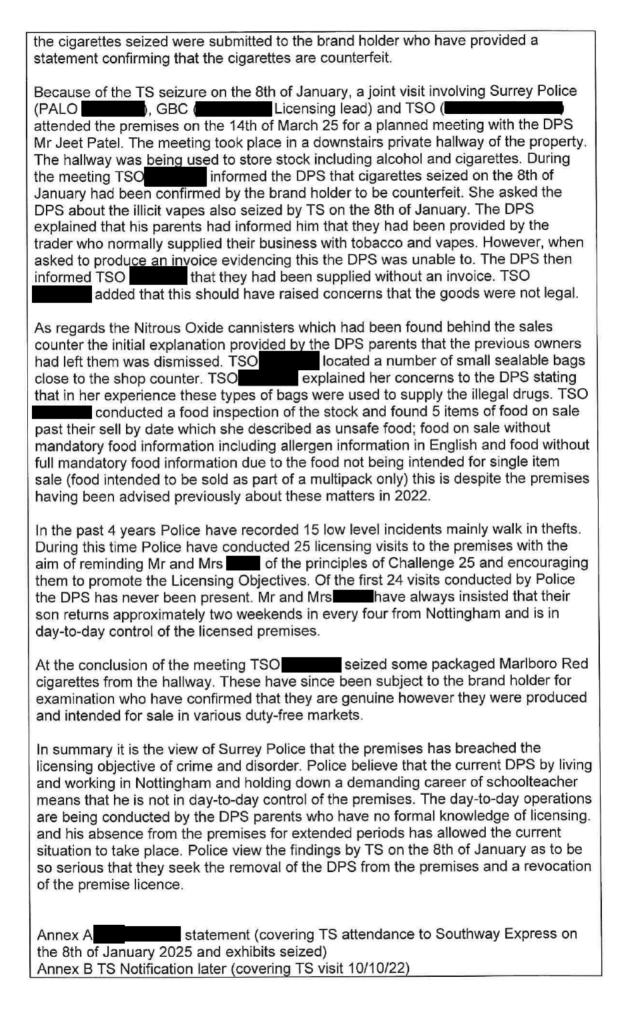
Tournay wish to keep a copy of the completed form for your records.				
(Insert name of applicant)				
apply for the review of a premises licen				
Act 2003 for the premises described in	Part 1 below (delete as applicable)			
Part 1 – Premises or club premises details				
Postal address of premises or, if none,	ordnance survey map reference or			
description				
Southway Express 113 Southway				
Guildford				
Surrey				
,				
B	B			
Post town Guildford	Post code (if known) GU2 8DQ			
Name of premises licence holder or clu	h holding club premises certificate (if			
known)	b holding club premises certificate (if			
,				
Jeet	Patel			
Number of premises licence or club pre	mises certificate (if known			
GUPLA0716				
Dout 2 Aumlianut dataila				
Part 2 - Applicant details				
I alli	Please tick yes			
an interested party (please complete (A)	_			
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 visinity of the promises				

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			Ц		
2) a responsible	authority (please	complete (C)	below)		i l
3) a member of below)	B) a member of the club to which this application relates (please complete (A) below)				
(A) DETAILS OF	F INDIVIDUAL AF	PPLICANT (fil	l in as appli	cable)	
Please tick Mr	☐ Miss	☐ Ms		Other title (for example, Rev)	
Surname	1	Fi	rst names		
I am 18 years o	ld or over			Please tick	yes
Current postal address if different from premises address					
Post town			Post Cod	le	
Daytime contac	t telephone num	ıber			
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
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 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 note 1) Surrey Police, as a Responsible Authority under section 13 (4) (b) of the Licensing Act 2003, request a Review of Southway Express, 113 Southway, Guildford on the grounds of Prevention of Crime and Disorder.
Southway Express is situated in a residential area of Park Barn Guildford and operates as an off licence and small grocery shop (Premises licence GUPLA0716). Mr Jeet Patel has been the Designated Premises Supervisor (DPS) since 2018. He currently lives and works in Nottingham and the day-to-day control of the premises has been passed to his parents (who are both in their late 60s.
On the 8th of January 2025 Trading Standards (TS) attended the premises in response to having received intelligence of underage sales of nicotine containing devices, alcohol and tobacco to children, (see Annex A Senior Trading Standards Officer statement). The TS officer noticed on sale R & M Tornado vapes which exceeded the maximum single tank size and therefore illicit. The R & M Tornado had a stated puff count of 9000 with a tank size of 18ml which is 9 times above the maximum 2ml single tank size permitted under the regulations. The TS officer found further R&M Tornado illicit vapes behind the counter and he discovered packs of cigarettes with indicators of them being counterfeit in a bag underneath the chair also behind the sales counter. Explanation was that these were her husband's and for his personal use having purchased them on his recent return from America. The TSO also discovered hidden behind the sales counter two boxes containing silver cannisters of Nitrous Oxide, which is a Class C drug under the Misuse of Drugs Act. In total 30 illicit R & M Tornado vapes; 340 cigarettes (17 packs) and 31 Nitrous Oxide cannisters were seized and ownership signed over by The Nitrous Oxide were conveyed to Guildford Police station. Samples of



Annex C Photographs CMB03-05 & 06-11 (Photographs depicting exhibits sized fro	m
the premises by TS)	
	1

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

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

	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	

 \boxtimes

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

Signature			
Date	April 2025	28/4/25	
Capacity	Guildford Borough Commande	er	
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.