



You may wish to keep a copy of the completed form for your records.

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

Best One

	Post code (if known) RH10 1DS
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Name of premises licence holder or club holding club premises certificate (if known) ████████████████████
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- 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)

✓
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'
'
'
7
'

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

Mr ' Mrs ' Miss ' Ms ' Other title (for example, Rev) '

Surname

First names

Please tick yes

I am 18 years old or over

Current Address

Post Town

Post Code

Daytime contact telephone number

Email address
(optional)

(B) DETAILS OF OTHER APPLICANT

Name and address

Telephone number (if any)

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

Please tick one or more boxes Y

- | | | |
|----|--------------------------------------|---|
| 1) | the prevention of crime and disorder | 7 |
| 2) | public safety | 7 |
| 3) | the prevention of public nuisance | ' |
| 4) | the protection of children from harm | 7 |

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

West Sussex County Coun FLO 7UDGLQJ 6WDQGDUGV 6HUYLFH W K
contends the following licensing objectives have been undermined by the carrying on of
licensable activities at these premises:

- the prevention of crime and disorder
- public safety
- the protection of children from harm

Full particulars in support of the application are to be found in the next section.

5.

- b) 2.9 in that in selling the items mentioned above place children at harm should they consume any of the vaping products or alcohol products due to their appeal and/or incorrect labelling, noxious and poisonous content. The Responsible Authority believe that this premises has been conducting criminal activity, including the storage and supply of illicit tobacco that cannot be legally supplied in this Country.
- c) The principles of good management mentioned at 2.10 were also not being followed with no Challenge 25 or age restricted signage within the shop. No refusals log or training log could be found within the premises. The lack of good management is also evidenced by presence of non-compliance nicotine consumption products offered for sale at the premises. With no due diligence records to show management and controls are in place, there is real concern for public health, welfare and wellbeing within the community for children and vulnerable adults with alcohol or nicotine addiction issues.

17. The issues outlined above follow a pattern of non-compliance that West Sussex Trading Standards have recorded against this premises. That history is briefly outlined below.

We are of the belief the shop is currently still operated under the legal ownership of Anaya G Ltd (company incorporated 19th May 2016). Companies House also shows that company has its registered office at 4 The Broadway, Crawley, RH10 1DS.

- o In 2017 a Warning Letter was given following the sale of alcohol to a child
- o In 2020 a Simple Caution was accepted after foreign labelled and counterfeit tobacco was found by Trading Standards and a tobacco detection dog
- o In 2021 a Warning Letter was sent following the sale of packet of cigarettes to a child in September 2021
- o In April 2022 a Warning Letter was sent after 143 non-compliant vapes were found at the shop

18. The Premises Licence gives the Licence Holder and Designated Premises Supervisor addresses in Middlesex, and the Responsible Authority question if the store can be suitably managed by persons who live out of the area.

19. The Responsible Authority do not believe the licensing objectives are being continually upheld at these premises and deem it both proportionate and necessary to invite the committee to consider a review of the Premises Licence, to limit further criminal activity by this licence holder and to act as a deterrent to other operators considering such illegal conduct. No meaningful conditions can be put on a premises licence to deal with smuggled goods, the Responsible Authority therefore seek a revocation of the licence. This would send a clear message that the Licensing Authority will not tolerate the sale or storage of smuggled tobacco and/or alcohol.

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

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

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I understand that if I do not comply with the above requirements my application will be rejected

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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)

6 LJQDWXUH R I DSSOLF DQW RU On behalf of the applicant (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature



Date 15th January 2024

Capacity Team Manager

Contact name (where not previously given) and 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 formation 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. \$ Q DSSOLF DQW RU On behalf of the applicant (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.
5. This is in the address which we shall use to correspond with you about this application.