

Bilston Post Office, 4-6 Hall Street, Bilston, WV14 0AB - New Premises Application

Dear all,

West Midlands Police wish to make formal representations against this application under the prevention of crime and disorder licensing objective.

The basis for the objection is that the proposed site, sits within the Bilston Cumulative Impact Zone.

Kind Regards,

**PC 1080 Mitch Harvey
Partnerships & Licensing Officer
Wolverhampton Central Police station**

Donna Cope

From: Mitchell Harvey <m.harvey@west-midlands.pnn.police.uk>
Sent: 29 October 2015 08:09
To: Donna Cope
Cc: Elaine Moreton; Rob Edge; Licensing
Subject: New Bilston Post Office
Attachments: Bilston Post Office signed conditions..pdf

Dear all,

I have been in mediation with the agent for the applicant and have addressed an issue I identified with the CCTV requirement.

As such, please find attached an amended schedule in relation to the above premises.

Kind Regards,



PC 1080 Mitch Harvey
Partnerships & Licensing Officer
Wolverhampton Central Police station

DDI: 01902 649 085
External: 101 ext 871 3194
Email: wv_licensing@west-midlands.pnn.police.uk

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**The New Bilston Post Office, 4-6 Hall Street, Bilston,
WV14 0AB
OPERATING SCHEDULE**


**ADDITIONS/AMENDMENTS – SUPPLEMENT TO APPLICATION MADE
ON 30/09/2015.**

CURRENT WORDING ON APPLICATION:	SIGNATURE
CCTV will be installed as per the plan, and retained for a minimum of 28 days, stored in accordance with the requirements of the information Commissioners, and produced to Police or authorised responsible authorities on demand.	
TO BE REPLACED WITH:	SIGNATURE
CCTV will be installed as per the plan, and retained for a minimum of 31 days, stored in accordance with the requirements of the information Commissioners, and produced to Police or authorised responsible authorities on demand.	

I wish for the wording above to replace the wording in the application (Part M subsection (b) The prevention of crime and disorder) I submitted on 30th September 2015, with the remaining wording being the same as submitted.

APPLICANT'S SIGNATURE.....
(Or authorised person on behalf of Applicant)

PRINT NAME/POSITION.....
DATE.....


MICHAEL PEARCE - LICENSING AGENT.
25-10-2015

AUTHORISED OFFICER SIGNATURE (WMP).....

NAME/POSITION.....
DATE.....