CITY OF WOLVERHAMPTON COUNCIL

Licensing Services, 2nd Floor, Civic Centre, St. Peter's Square, Wolverhampton, WV1 1SH

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 Stephanie Swann				
(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, ordnand THE SWAN, 17 LOWER STREET, WOLVERH				
Post town Wolverhampton	Post code (if known) WV6 9AA			
Name of premises licence holder or club holding club premises certificate (if known) Punch Taverns Limited				
Number of promises license on alub promises o	andificate (if Image)			
Number of premises licence or club premises certificate (if known) WN/044331				
Part 2 - Applicant details				
I am				
	Please tick ✓ yes			
I) an individual, body or business which is not a authority (please read guidance note I, and complor (B) below)				

2) a responsible authority (please complete (C) below)	\boxtimes			
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 ✓ yes				
Mr Mrs Miss Ms Other title (for example, Rev)				
Surname First names				
Please tick ✓ yes				
I am 18 years old or over				
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	
Stephanie Swann West Midlands Immigration Enforcement	
Sandford House	
41 Homer Road	
Solihull	
B91 3QJ	
Telephone number (if any)	
receptione number (if any)	
E-mail address (optional)	
This application to review relates to the following	g licensing objective(s)
	Please tick one or more boxes ✓
1) the prevention of crime and disorder	Ŭ
2) public safety	님
3) the prevention of public nuisance4) the protection of children from harm	H
4) the protection of children from harm	1 1

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

Grounds for Review: Crime and Disorder: Individual encountered illegally working at the premises with no right to work in the UK.

Immigration enforcement has 'responsible authority' status under the Licensing act 2003. The guidance states that "where reviews arise, and the licensing authority determines that the crime prevention objective is being undermined through the premises being used to further crimes, it is expected that suspension or revocation of the license- even in the first instance should be seriously considered".

Additionally, illegally working:

Illegal working has damaging social and economic consequences for the UK. It undercuts businesses that operate within the law, undercuts British workers, and exploits migrant workers. As long as there are job opportunities for illegal workers, the UK will be an attractive place for illegal migrants.

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

Immigration Enforcement has 'responsible authority' status under the Licensing act 2003.

West Midlands Immigration enforcement team had received information that illegal working was taking place at the premises.

On 11/12/2018 West Midlands ICE visited the premises to act on the information received. The premises were entered under section 179(3) of the Licensing act 2003 due to the premises holding an Alcohol license.

There were 4 individuals present during the visit, one being the owner of the premises. Officers interviewed both individuals in the kitchen and found one of them to have no status in the UK.

The Individual was arrested and detained under schedule 2 Paragraph 17 (1) of the Immigration act (1971) (AA) as he was found to have committed an offence under section 24 (1)(b)(i) of the Immigration act 1971 (AA).

An Illegal working interview was conducted with both the employee and employer. The employee stated that he had been working at the premises 3 months getting paid £200 a week cash in hand. The employer also confirmed that the individual had been working 3 months.

Because of this a referral was made to the civil penalty team due to the employer employing persons with no right to work in the UK. A referral notice was left with the employer

The civil penalty team have confirmed that they will be pursuing a fine of £15,000 as there is no evidence the employer carried out the relevant checks.

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Have you made an application for review relating to the premises before	Please tick ✓ yes
If yes please state the date of that application	Day Month Year
If you have made representations before relating to the pre and when you made them	emises please state what they were
-3 -6	
	*

yes				
 I have sent copies of this form and enclose and the premises licence holder or club has appropriate 				
I understand that if I do not comply with application will be rejected	the above requirements my			
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.				
Part 3 - Signatures (please read guidance note 4)				
Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.				
Signature	SUAN			
Date 02/02/2019 6/2/19				
Capacity Immigration Officer (15222)				
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)				
		ti.		
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) stephanie.swann@homeoffice.gov.uk				

Please tick ✓

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.