



## Representations on a Current Application for a Grant/Variation/Review of a Premises Licence or Club Premises Certificate under The Licensing Act 2003

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/We (Insert name)

Wish to make representation about the application for ~~variation~~/grant for a premises licence/~~club premises certificate~~ (delete as applicable)

### PART 1 – PREMISES OR CLUB PREMISES DETAILS

|   |                             |
|---|-----------------------------|
| <b>Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description</b><br><br>Venus Express Ltd<br>170 Sheriffs Highway |                             |
| <b>Post Town</b><br>Gateshead   | <b>Post Code</b><br>NE9 5SD |

|   |
|---|
| <b>Name of premises licence holder or club holding club premises certificate (if known)</b> |
|---|

|  |
|--|
| <b>Number of premises licence or club premise certificate (if known)</b> |
|--|

### PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

- |  |                                     |
|--|-------------------------------------|
|  | Please Tick ✓                       |
| 1) A responsible authority (please complete (C) below)                                   | <input checked="" type="checkbox"/> |
| 2) A member of the club to which this representation relates (please complete (A) below) | <input type="checkbox"/>            |
| 3) Other persons (Please complete (A) or (B) below)                                      | <input type="checkbox"/>            |

**(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other Title (for example, Rev)

Surname

First Names

I am 18 years old or over Yes  (Please Tick)

|                 |                      |           |                      |
|-----------------|----------------------|-----------|----------------------|
| Current Address | <input type="text"/> |           |                      |
| Post Town       | <input type="text"/> | Post Code | <input type="text"/> |

Daytime contact telephone number

E-mail address (optional)

**(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g Body or Business)**

|                  |
|------------------|
| Name and Address |
|------------------|

|                           |                      |
|---------------------------|----------------------|
| Telephone Number (If any) | <input type="text"/> |
| E-Mail address (optional) | <input type="text"/> |

**(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION**

|  |
|--|
| Name and Address<br>Tracey Johnson<br>Trading Standards<br>Climate Change, Compliance, Planning and Transport<br>Economy, Innovation & Growth<br>Civic Centre<br>Regent Street<br>Gateshead<br>NE8 1HH |
|--|

|                           |                                 |
|---------------------------|---------------------------------|
| Telephone Number (If any) | 0191 4333934                    |
| E-Mail address (optional) | traceyjohanson@gateshead.gov.uk |

This representation relates to the following licensing objective(s)

Please  
Tick ✓

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | <b>The Prevention of Crime and Disorder</b> | <input checked="" type="checkbox"/> |
| 2. | <b>Public Safety</b>                        | <input type="checkbox"/>            |
| 3. | <b>The Prevention of Public Nuisance</b>    | <input type="checkbox"/>            |
| 4. | <b>The Protection of Children From Harm</b> | <input checked="" type="checkbox"/> |

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

I am aware of the application for a premises licence for the premises known as Venus Express Ltd, 170 Sheriffs Highway, Gateshead NE9 5SD.

I wish to object to the application on the grounds of the prevention of crime and disorder and the protection of children from harm.

This premises although the licence was held by a different licence holder has been the subject of complaints of children being able to purchase age restricted products from the premises. The premises also failed a test purchase operation carried out by trading standards in February 2022 where Mr JAAFAR clearly had greater involvement in the running of the business than what was made out on paper to the authorities.

At each visit that was carried out by the trading standards service during 2021 and 2022, Mr JAAFAR claimed that he was the owner of the business. It was also clear during the recent licensing sub committee where the premises licence for Sheriff Highway Stores was revoked that Mr JAAFAR had much greater involvement in the business than being an employee.

It was also clear that Mr JAAFAR took no responsibility for leaving a new casual worker the shop, while he left the shop for a short while during which time the underage sale took place. The worker was also looking after a small child at the time of the sale. Mr JAAFAR also had confirmed that the worker who made the previous sale was not an employee but had been a cleaner with the store but yet she was left to run the shop alone with a small child.

Illegal tobacco has also been found in the van owned and operated by Mr JAAFAR. Although he had an explanation for this, we had a witness account of suspicious activity which appeared to be a sale of illegal tobacco taking place from the vehicle.

**Please provide as much information as possible to support the representation**

(Please read guidance note 2)

Based on the above information, I do not believe that Mr JAJAAR is able to run the premises and positively promote the licensing objectives especially those in relation to the prevention of crime and disorder and the protection of children from harm.

Please  
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

| Day |  | Month |  | Year |  |  |  |
|-----|--|-------|--|------|--|--|--|
|     |  |       |  |      |  |  |  |

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

### **How We Collect And Use Information**

The information collected, on this form and from supporting evidence, by Gateshead Council will be used to process your application. The information may be passed to other Enforcement Agencies as permitted by law.

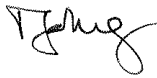
We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities.

We will not disclose information about you to anyone outside Gateshead Council nor use information about you for other purposes unless the law permits us to.

Gateshead Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at Civic Centre, Regent Street, Gateshead, NE8 1HH

**Part 3 – Signatures** (Please read guidance note 3)

Signature of representative or representatives solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

|           |   |      |            |
|-----------|---|------|------------|
| Signature |  | Date | 16/09/2022 |
| Capacity  | Chief Inspector of Weights and Measures   |      |            |

|   |           |
|---|-----------|
| Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5) |           |
| Post Town   | Post Code |

|                           |  |
|---------------------------|--|
| Telephone Number (if any) |  |
| E-mail Address (optional) |  |

**Notes for Guidance**

1. The ground(s) for representation **must** be based on one or more of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative'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 representation.
6. For further information about the Licensing Act 2003 please contact: The Licensing Act Section, Development & Public Protection, Civic Centre, Regent Street, Gateshead Tyne and Wear NE8 1HH  
Tel: 0191 433 3918 or 0191 433 3178