[Insert name and address of relevant licensing authority and its reference number (optional)]

# 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 Andrew Tutton

(Insert name of applicant)	(Insert name of applicant)				
apply for the review of a premises licence unde	er section 51 of the Licensing Act 2003 for the				
premises described in Part 1 below (delete as a					
Part 1 – Premises or club premises details					
Postal address of premises or, if none, ordnand	ce survey map reference or description				
The Swan Hotel, 35 Swan Street, West Malling, 1	Kent, ME19 6JU				
Post town West Malling	Post code (if known) ME19 6JU				
Name of premises licence holder or club holding	ng club premises certificate (if known)				
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Mr Darryl Miles HEALY					
•					
Number of manifest linear and hele manifest					
Number of premises licence or club premises of	ertificate (ii known)				
13/00965/PREM					
D . A . A . W T . W					
Part 2 - Applicant details					
•					
I am	DI (1.4				
	Please tick ✓ yes				
1) an individual, body or business which is not a	responsible				
authority (please read guidance note 1, and comp					
or (B) below)					
2) a responsible authority (please complete (C) below)					
, 1	,				
3) a member of the club to which this application relates					
(please complete (A) below)					
(Pitant complete (11) celon)					

## (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					
Andrew Tutton					
Immigration Officer 5137 Southeast Immigration Compliance and Enforcement (ICE) Team					
Southeast Immigration Compliance and Enforcement (ICE) Team					
Immigration Enforcement Frontier House					
7 Shorncliffe Road					
Folkestone					
Kent					
CT20 2SH					
0.120 20.11					
Telephone number (if any)					
E-mail address (optional)					
,					
This application to various valetes to the following licensis	ng objective(s)				
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	H				
4) the protection of children from harm	Ħ				
, r					

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

On 16<sup>th</sup> March 2023 I led a team of Immigration Officers, accompanied by 2 officers from Tonbridge and Malling Borough Council Licensing Team, on an enforcement visit to The Swan Hotel following receipt of intelligence that three immigration offenders were being illegally employed at the business.

The team entered the premises at 17:53 hours on a warrant issued under Paragraph 17(2) of Schedule 2 to the Immigration Act 1971 (as amended) obtained from Brighton Magistrates Court. The hotel staff were escorted to a rear, covered-courtyard area and screened by officers as to their immigration status and right to work. Two workers were identified as immigration offenders and were arrested. One was detained pending his removal from the United Kingdom. The other arrested worker was found to have an outstanding asylum claim and was walked off the premises as he had no right to work. A further two workers, who were not present on the evening, were identified from staff records as also being immigration offenders. A Notice of Penalty Liability for an Illegal Working Civil Penalty was issued to the hotel manager — — — — — in resect of the two workers encountered. One of the directors of the company running the hotel (Swan Brasserie Ltd), — , was present on the night and was spoken to by one of my officers with regard to being interviewed about the illegal workers arrested. — declined to be interviewed.

I have yet to hear from the Civil Penalty Compliance Team of Immigration Enforcement as to whether a civil penalty has been issued to the company running The Swan Hotel or what level of penalty (if any) was set.

Employment of a worker who is disqualified from employment by reason of the employee's immigration status is a criminal offence under Section 21 of the Immigration, Asylum and Nationality Act 2006 (as amended) and is punishable by a sentence of up to 5 years' imprisonment and/or an unlimited fine. This is separate to the liability under legislation for a civil penalty for employing illegal workers.

Please provide as much information as possible to support the application (please read guidance note 3)					
A printout of the visit report from the Home Office PRONTO application (including illegal working interviews with the employees and employer) is included with this application.					

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

es es	1	Please tick ✓
•	I have sent copies of this form and enclosures to the responsible authoritic and the premises licence holder or club holding the club premises certific as appropriate	
•	I understand that if I do not comply with the above requirements my application will be rejected	$\boxtimes$

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.** 

a:					
Signature					
	•	<del>.</del>	•••••		
Date	04/06/2023				
Capacity					
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)					
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. 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.