



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 ... Mr Malcolm Maples
(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 club premises, or, if none, ordnance survey map reference or description Decades, 8 Carrington St.	
Post town Kettering	Post code NN160BY

Name of premises licence holder or club holding club premises certificate (if known) Decades Kettering
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Number of premises licence or club premises certificate (if known) Not known
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Part 2 – Applicant details

I am	Please tick ✓ yes
1) an individual, body or business which is not a responsible authority (please read guidance note 1 and complete (A) or (B) below)	<input checked="" type="checkbox"/>
2) a responsible authority (please complete (C) below)	<input type="checkbox"/>
3) a member of the club to which this application relates (please complete (A) below)	<input type="checkbox"/>

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

Please tick ✓ yes

Mr Mrs Miss Other title (eg Rev)

Surname

Maples

First Names

Malcolm Trevor

Please tick ✓ yes

I am 18 years old or over

Current postal address if different from premises address

Cleveland Villa, 4 Carrington St.

Post town

Kettering

Post Code

NN160BY

Daytime contact telephone number

[REDACTED]

E-mail address (optional)

[REDACTED]@gmail.com

(B) DETAILS OF OTHER APPLICANT

Name and address

None

Telephone number (if any)

N/A

E-mail (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address

N/A

Telephone number (if any)

E-mail (optional)

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

Please tick ✓ one or more boxes

1) the prevention of crime and disorder

 Y

2) public safety

 Y

3) the prevention of public nuisance

 Y

4) the protection of children from harm

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

Please see the attached (separate document)

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

Please see the attached (separate document)

Please tick ✓ yes

Have you made an application for review relating to this premises before

 N

If yes, please state the date of that application

Day	Month	Year

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

No

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

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
Date 21-10-21
Capacity Director

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

N/A

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you using an e-mail address please provide your email address

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.

This information is in conjunction with noise monitor
from M maples at Cleveland villa 4 carrington st nn160by

i wish to the licence of Decades /seven to be reviewed for the following

1 this is the busiest night club in kettering between the hours of 23.00 to 4.00 am
there is no cctv

2 when the licensing laws were relaxed Carrington st was classified as a commercial
area however planning was granted for developmen at puzzle court,leatherland court
and mobs miller making it very much a residential area with well over 100 residential
properties so should be reclassified as residential and afforded the same protection
of amenities as is the alexandra arms and licensing hours in line

3 there is currently no sound controls at the premises known as decades

4 there is no evidence of customer control either visiting or leaving its often the case
to see people drunk when entering and leaving so no social responsibility evident i
often witness mostly young girls unable to stand and often sit on the floor

5 street drinking is not policed and i regularly have to collect bottles ,cans and
glasses to avoid punctures to my car photo attached

6 there is very much anti social behaviour with little or no policing

7 i believe other residence have complained also the st pastors have shown their
concern

8 there has been a murder in the st outside fixit auto body repair whilst this is no
indication the the nightclub was in any way to blame but it does highlight the level of
antisocial behaviour this can be substantiated by police reports

9 this is having serious effects on my health due to sleepless nights on friday and
saturday an d bank holidays i am not able to use my front bedroom or front lounge
due to excessive music from night club and anti social behaviour an
d it can be fearful with the volume of people gathering in the st with no one taking
responsibility i cannot remember seeing a police officer patrolling and i cannot
ventilate my rooms as is advised by government/nhs guidelines to disperse covid

my last comment is that on a saturday night it is so chaotic with pedestrians J
walking in the middle of the road [which i believe is an offence] its so busy that cars
are forced to slow down and sometimes forced to stop many people on phones with
no care for themselves or others of course you cannot view this unless you attend on
saturday between 12 am and 2am as there again is no monitoring by cctv and no
police presence some one is going to be injured before any action is take

one more observation despite being visited by environmental health and agreeing to
install noise limiters as of the weekend 16/ 10/ 21 there is absolutely no reduction in
noise the management in my view have not taken into account the residents

amenities which i find is not the action of a responsible manager and allowing people to get drunk whilst on their premises which in my view is their responsibility to ensure their customers stay safe and are capable to leave in a sober condition

[REDACTED]

21-10-21



Reference: 129880 2245678
 Your Name: Mr M Maples
 Your Address: Cleveland Villa 4 Carrington Street
 Kettering Northamptonshire NN16 0BY

(Office use only)
 Type of Nuisance
 Noise
 Smoke
 Dust
 Odour
 Light
 Other

Address / Location where nuisance is coming from:

DECADES / 3rd FL. 8-10. CARRINGTON ST.

Describe how you know where the nuisance is coming from:

LOUD MUSIC & PEOPLE CROWDING OUTSIDE

Date	Time started	Time ended	Duration	Description of nuisance	Your location when affected	How were you affected?
Example 01/01/2017	23:00 hrs	23:30 hrs	30 mins	Neighbours dog barking, coming from garden	Bedroom	Kept me awake
10/9/2021	11 PM 23.00	3 AM 03.00	4 HRS	LOUD MUSIC	BEDROOM & LOUNGE	KEPT AWAKE
11/9/2021	23.00	04.00	5 HRS	" "	"	"
17/9/2021	23.00	02.00	3 HRS	QUIET FOR A FRITA-1 BUT NOISE STILL AUDIBLE	"	"

Date	Time started	Time ended	Duration	Description of nuisance	Your location when affected	How affected were you?
18/9/2021	12AM	04.00	4 HOURS	LOUD MUSIC + ANT-SOCIAL BEHAVIOUR	FRONT BEDROOM & LOUNGE	NO SLEEP CAN'T ENJOY TV
24/9/21	11:AM	03:15	3:15 MIN	n	n	n
25/9/2021	12AM	02:30	2:30 MIN	n	n	n
					26/9/2021	