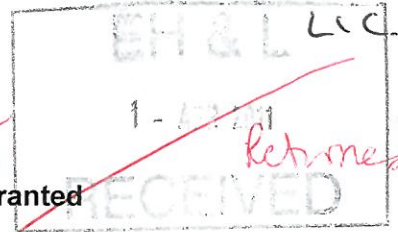




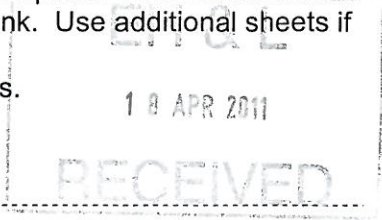
01753  
863 878



**Application for a premises licence to be granted 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/We MR & MRS CREWAL  
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description			
12 HIGH STREET THEALE READING BERKSHIRE			
Post town	READING	Post code	RG7 5AN

Telephone number at premises (if any)	—
Non-domestic rateable value of premises	£ 17500.

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)

- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>CREWAL</b>			First names <b>PARMUT</b>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		<b>20 LEES CLOSE MAIDENHEAD</b>			
Post Town	<b>BARKS</b>		Postcode	<b>SL6 4NU</b>	
Daytime contact telephone number			<b>01628 626346 07935988973</b>		
E-mail address (optional)		<b>CREW CREW422@aol.com</b>			

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>CREWAL</b>			First names <b>KASHMIR</b>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	

Current postal address if different from premises address	20 LEES CLOSE		
Post Town	MAIDENHEAD	Postcode	SL6 4NU
Daytime contact telephone number			
E-mail address (optional)	CIR#W422 @ AOL.COM.		

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address  N/A.
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
1	6	5
2	0	1
0	1	1

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

Please give a general description of the premises (please read guidance note 1)

THESE PREMISES HAS HAD A PREMISES LICENCE, AND HAS BEEN TRADING AS AN OFF LICENCE. CALLED "THE LOCAL" IT WAS SURRENDERED WHEN THEY WENT BANKRUPT, NOT LONG AGO. THIS IS ON THE MAIN ROAD IN THE HIGH STREET EHEALE. THERE ARE SOME PUBS ON THE ROAD, AND SOME GROCERS, PO, AND PROPERTY AGENTS. THE TRADE AREA IS ABOUT 900 SQM.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

Please tick yes

- a) plays (if ticking yes, fill in box A) N/A.
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of entertainment facilities:**

N/A.

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

N/A.

**Supply of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

N/A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**B**

N/A

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

N/A

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

N/A

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)			
			Indoors	<input type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed					<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Thur						
Fri					<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat						
Sun						



E

2/14

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

F

N/A

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**G**

*N/A*

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

H

N/A.

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p>		
Sun					

I

N/A

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue				
Wed				
Thur			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Fri			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sat				
Sun				

J

N/A

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>		
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

K

N/A

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

L

N/A

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					



**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)  N/A.	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  N/A.		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00			
Thur	08.00	23.00			
Fri	08.00	23.00			
Sat	08.00	23.00			
Sun	08.00	23.00			
			<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)  N/A.		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name		MRS K. CREWAL
Address		452A ST. LEONARDS ROAD WINDSOR BERKS.
Postcode	SL4 3DZ	
Personal Licence number (if known)		OS/00141 / LAPAR.
Issuing licensing authority (if known)		ROYAL WINDSOR AND MAIDENHEAD.

**N**

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

N/A.

**O**

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	06.00	23.00	N/A.
	06.00	23.00	
Tue	06.00	23.00	
Wed	06.00	23.00	
Thur	06.00	23.00	
Fri	06.00	23.00	<p><b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)</p> <p>N/A.</p>
Sat	06.00	23.00	
Sun	06.00	23.00	

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

CHECK ID, INSTALL CCTV, FIRE EXTINGUISHER, KEEP CLOW  
NOT ALLOW CONSUMPTION OF ALCOHOL ON PREMISES.  
NOT TO SELL TOBACCO OR ALCOHOL TO UNDERAGE.  
KEEP TOBACCO AND ALCOHOL PRODUCTS AWAY, FROM  
GROCERIES, AND OUT OF REACH OF CHILDREN.

**b) The prevention of crime and disorder**

Not sell to under 18, check valid ID, with  
photo of person. before selling alcohol or  
tobacco to people.

**c) Public safety**

Install CCTV, Fire alarm, keep premises well  
lit, have visible fire extinguishers in place.  
have the floors clean and dry.

**d) The prevention of public nuisance**

not sell to a person, under age, or who  
seems quite drunk already. not allow consumption  
of alcohol on premises.

**e) The protection of children from harm**

Keep all alcohol product away and out  
of reach of children separate from other  
drinks and groceries.


Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable  ✓
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable  ✓
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

**Part 4 – Signatures** (please read guidance note 10)

✓ **Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 11). If signing on behalf of the applicant please state in what capacity. N/A.

Signature	
Date	11   APRIL 2011
Capacity	PARTNER

✓ **For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	Kashmir Crewd.
Date	11 <sup>th</sup> April 2011
Capacity	PARTNER

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

20 LEES CLOSE  
MAIDENHEAD BERKS

Post town	MAIDENHEAD BERKS	Post code	SL6 4NU.
Telephone number (if any)	07935988973		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**Consent of individual to being specified as premises supervisor**

I MR PARMOTT S. GRAWAL  
[full name of prospective premises supervisor]

of

20 LEES CLOSE MADENHEAD SL6 4NU.  
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

12 HIGH ST. THORLE PREMIER CONVENIENT STORE  
[type of application]

by

MRS KASHMIR GRAWAL  
[name of applicant]

relating to a premises licence ONE  
[number of existing licence, if any]

for PREMIER STORE  
12 HIGH ST. THORLE RG7 5AN.

-----  
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

MR PARMJIT GREWAL & MRS KASHMIR GREWAL  
[name of applicant]

concerning the supply of alcohol at

12 HIGH STREET  
THEALE,  
READING  
BERKSHIRE RG7 5AN

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

MR. P. GREWAL: OS/00145/LAPER. MRS. K. GREWAL: OS/00141/LAPER  
[insert personal licence number, if any]

Personal licence issuing authority

ROYAL BOROUGH OF WINDSOR & MAIDENHEAD  
[insert name and address and telephone number of personal licence issuing authority, if any]


TOWN HALL  
ST. IVES ROAD  
MAIDENHEAD BERKSHIRE SL6 1RF.

Signed

TEL - 01628 796762

 KASHMIR GREWAL

Name (please print)

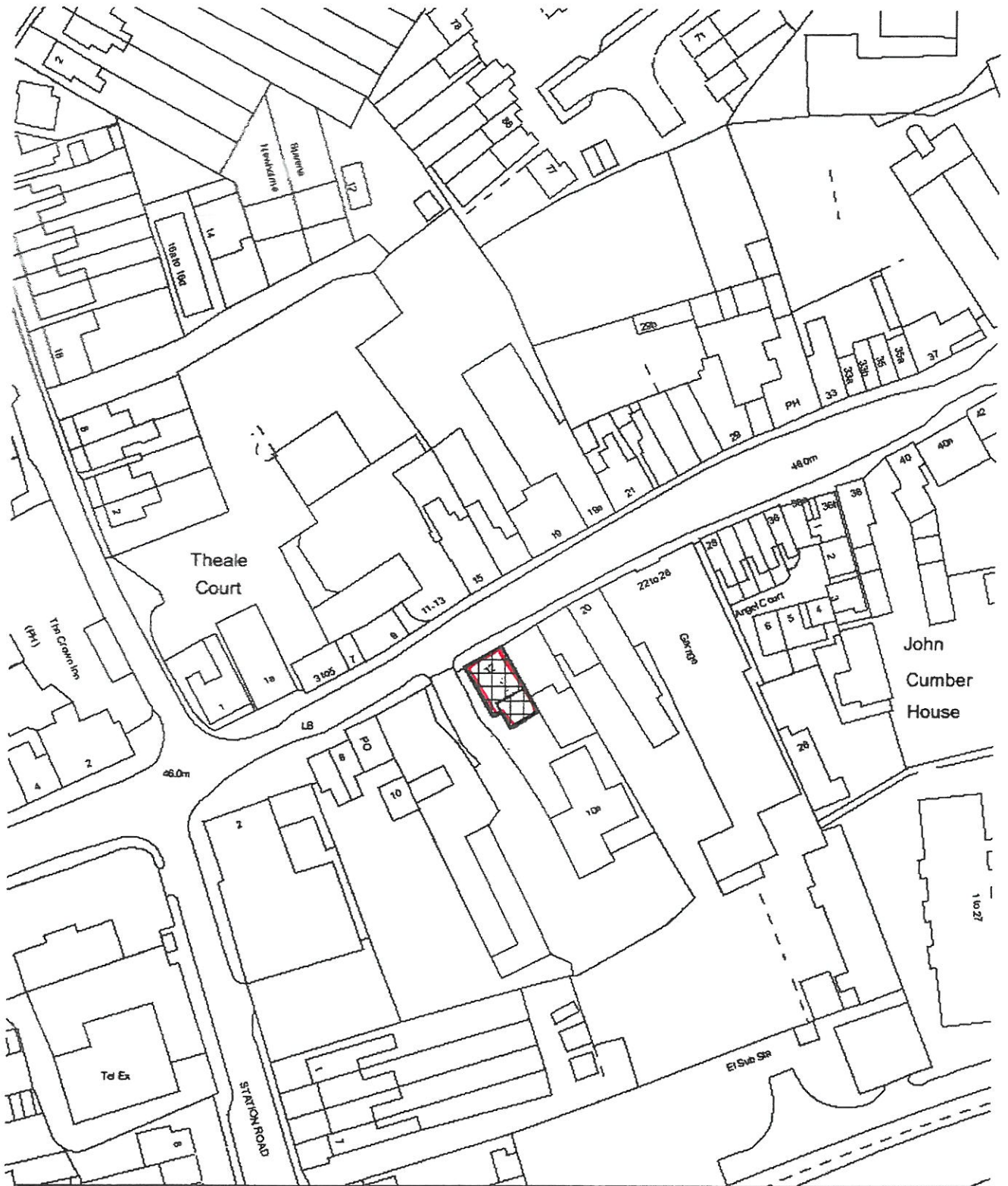
 KASHMIR GREWAL  
PARMJIT GREWAL

Date




30-03-2011







User: RAI002  
 Client Ref: pkr/zrgrewal/G215/2  
 Company: Rai Solicitors  
 Notes:

 Main property extent  
 Secondary property extent  
 0 46m



This product includes mapping data licensed Ordnance Survey. © Crown Copyright 2008. MDA SearchFlow Crown Licence number 100049184.

Scanned

EH & L

25 MAY 2011

RECEIVED

Senior Licensing Officer,  
West Berkshire Council,  
Public Protection Department,  
Council Offices, Faraday Road,  
Newbury,  
RG14 2AF

Mr Dhreen Malam  
48 High Street  
Theale  
Reading  
RG7 5AN

**RE: Premises License Application 11/00500/LQN 12 HIGH STREET, THEALE, RG7 5AN**

24 May 2011

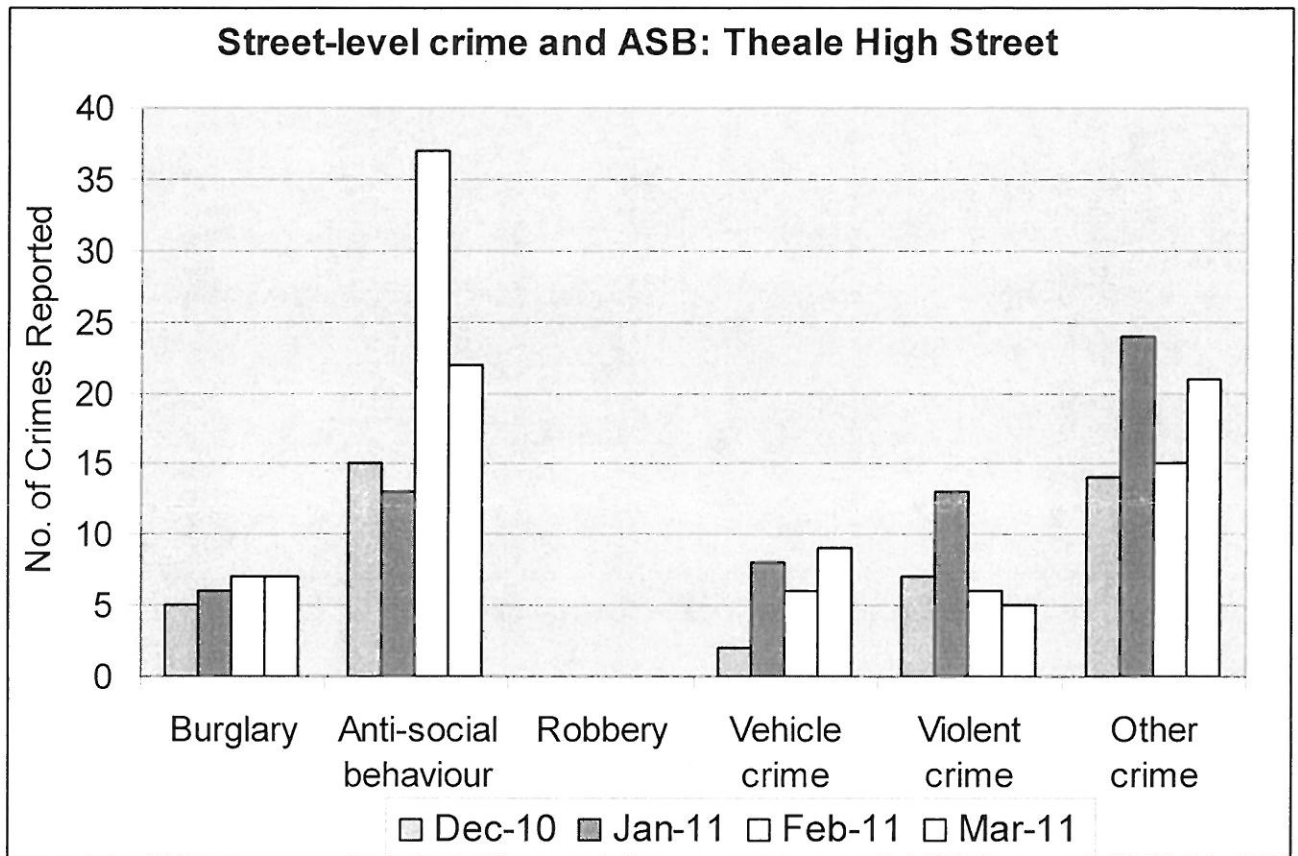
Dear Licensing Officer,

I hereby write in relation to the above application. As you are aware, Theale currently has a significant number of licensed premises for the supply of alcohol both on and off site. My primary concern with the granting of an additional license relates to the problems of anti-social behavior (ASB) in the local area.

I strongly believe that this is a growing problem which will be exacerbated by a further increase in the supply of alcohol into later hours of the evening. At present, there is no off-licensed premises' supplying alcohol later than 22:00. One of these shops (The Co-op, 2 High Street) has on occasions, been an area where large groups of youths congregate, drink and undertake ASB. Not only has this been the scene of vandalism, to the village notice board, but also nearby vehicles and buildings. The local policing authority should also be able to confirm that both police officers and Police Community Support Officers (PCSOs) have been called to this area on numerous occasions to deal with disorder.

Data from the crime and policing website ([www.police.uk](http://www.police.uk)) shows clearly that the proportion of crime categorised as ASB is significantly greater than any other listed.

	Dec-10	Jan-11	Feb-11	Mar-11
Burglary	5	6	7	7
<b>Anti-social Behaviour</b>	<b>15</b>	<b>13</b>	<b>37</b>	<b>22</b>
Robbery	0	0	0	0
Vehicle crime	2	8	6	9
Violent crime	7	13	6	5
Other crime	14	24	15	21



Source: <http://www.police.uk/crime> Search: Theale, High Street

My concerns in relation to the new license are that not only will the supply of alcohol into later hours have the potential to fuel the current level of crime and disorder further, but also extend towards the rear of the premises which backs on to a car park out of sight to passers-by. The question should be raised as to whether vehicle owners will feel safe whilst walking through this area or even choose to use the parking facilities any longer. This could potentially affect the level of public safety in the vicinity; a key feature detailed within The Licensing Act 2003. The fact that CCTV cameras positioned directly in the vicinity of Co-Op, 2 High Street, have done little to deter the offenders suggests this may not help in relation to the car park.

The increased levels of local crime and disorder cannot be tackled easily by the under-resourced policing authority which has been subject to government cutbacks, visible in the reduction in PCSOs patrolling Theale. I strongly believe that a potential increase in the supply of alcohol will promote further problems to those already present in the local area.

For the reasons detailed above, I feel that by West Berkshire Licensing Authority granting a premises license at 12 High Street, Theale will undermine the objectives 1) The prevention of crime and disorder and 2) Public safety as detailed in The Licensing Act 2003.

I look forward to your decision on this matter.

Yours faithfully

A handwritten signature in black ink, appearing to read 'D Malam', written in a cursive style.

Mr D Malam