



CITY OF YORK COUNCIL
Licensing Services, Hazel Court EcoDepot, James Street, York, YO10 3DS

Application for a 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 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.....**Andrew Dickinson** (insert name(s) 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, ordinance survey map reference or description

York Museum Gardens, Museum Gardens, York,

Post town: York

Post code: YO1 7FR

Name of premises licence holder or club holding club premises certificate (if known)

York Museums Trust
St Mary's Lodge
Marygate
York
YO30 6DR

CYC 009433

Number of premises licence or club premises certificate (if known)

Not Known

Part 2 – Applicant details

- | I am | Please tick ✓ yes |
|---|-------------------------------------|
| 1 An interested party (please complete (A) or (B) below) | <input type="checkbox"/> |
| a) A person living in the vicinity of the premises | <input checked="" type="checkbox"/> |
| b) A body representing persons living in the vicinity of the premises | <input type="checkbox"/> |
| c) A person involved in business in the vicinity of the premises | <input type="checkbox"/> |
| d) A body representing persons involved in business in the vicinity of the premises | <input 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)

(A) DETAILS OF INDIVIDUAL APPLICANT (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) <input type="checkbox"/>
Surname	First names			
Dickinson	Andrew			

Please tick Yes

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

(B) DETAILS OF OTHER APPLICANT

Name	N/A
Address	N/A
Telephone number (if any)	N/A
E-mail (optional)	

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name	N/A
Address:	N/A
Telephone number	
E-mail (optional)	

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

Please tick one or more boxes ✓

- | | | |
|----|--------------------------------------|------------------------------|
| 1. | the prevention of crime and disorder | <input type="checkbox"/> |
| 2. | public safety | <input type="checkbox"/> |
| 3. | the prevention of public nuisance | yes <input type="checkbox"/> |
| 4. | the protection of children from harm | <input type="checkbox"/> |

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

A music event took place at Museum gardens on Friday the 19th and Saturday 20th of July.

I raised a complaint re the noise to both events due to noise nuisance that started at approximately 15.00 on the Friday afternoon.

Museum gardens is in the centre of York with is surrounded by a large number of residential properties, the amenity of many thousands of residents would have been affected by this event which did not finish until after 22.30 in the evening.

An outdoor music event, which offers limited opportunity for noise suppression/control, should not be allowed to take place in such close proximity to residential properties.

I was advised by York council environmental health that the event exceeded the permitted noise threshold by 2dB however, they advised that such an increase would not be noticeable.

If such events are allowed to continue then suitable noise limits should be imposed (and policed) to avoid causing a nuisance to residents in the surrounding areas. Clearly the thresholds that were agreed were too high and not adhered to.

The centre of York, or anywhere close to large numbers of residential properties, is not a suitable location for loud outdoor music events.

I respectfully request that a condition is imposed on the premises referenced to prevent a re-occurrence of this.

Please provide as much information as possible to support the application (please read guidance note 2)

As mentioned above the event caused a nuisance to myself any many other properties nearby.

Have you made an application for review relating to this premises before? Please tick ✓ yes
No #

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

N/A

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, 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 3 – Signatures (please read guidance note 4)

Signature of applicant or applicant’s solicitor or other duly authorised agent. (See guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date4th August 2024.....

CapacityResident

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

As part 2.

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.