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 available guidance notes (opens in a new tab)
- You may wish to print and keep a copy of the completed form for your records.
- For help or information about filling in this type of online form, click on the toolbar / menu **Help** button.

I Hannah Burton

apply for the review of a premises licence under: Section 51 for a premises licence

of the Licensing Act 2003 for the premises described in part 1 below.

Part 1 – Premises or club premises details

Does the premises have a postal address? ☐ No ☒ Yes

Postal address of premises: Co-op, Earlham House Shops, Earlham Road, Norwich

Postcode: NR2 3PD

Ordnance survey map reference or description:

Name of premises licence holder or club holding premises certificate (if known): Co-operative Group Food Ltd

Number of premises licence or club premises certificate (if known): 26/00114/PREM

Part 2 – Applicant details

I am:

1) an individual, body or business which is not a responsible authority (please read guidance note 1 (opens in a new tab)) [X]
2) a responsible authority [ ]
3) a member of the club to which this application relates [ ]

Details of individual applicant

Title	Miss
Surname	Burton
First name(s)	Hannah
Date of birth	[redacted]

Is your current postal address different from the premises address? [ ] No [X] Yes

Current postal address	[redacted]
Postcode	[redacted]
Daytime contact telephone number	[redacted]
Email address	[redacted]
Confirm email address	[redacted]

If you would like to provide details of a second applicant, please check this box [X]

Details of second individual applicant

Title	Miss
Surname	Rowe
First name(s)	Jodie
Address	[redacted]
Postcode	[redacted]
Daytime contact telephone number	[redacted]
Email address	[redacted]
Confirm email address	[redacted]

Details of responsible authority applicant

Title	
Surname	
First name(s)	
Telephone number	
Email address	
Confirm email address	

The application to review relates to the following licensing objective(s):
Please select all that apply

1) the prevention of crime and disorder ☐
2) public safety ☐
3) the prevention of public nuisance ☐
4) the protection of children from harm ☐

Please state the ground(s) for review (please read guidance note 2 (opens in a new tab))

[redacted] Since the licence was granted allowing 24-hour sales for online deliveries, there has been significant and ongoing noise throughout the night.

This includes:

Frequent arrivals and departures of delivery drivers on motorbikes and in cars.

Loud music from vehicles, clearly audible inside my flat even with the windows closed.

Raised voices and conversations from drivers waiting outside.

These disturbances wake me up, keep me awake, and have affected my day-to-day functioning because of the tiredness they cause. It happens multiple times through the night, every night.

The premises is in a residential area, and this level of overnight delivery activity is not compatible with the neighbourhood.

Please provide as much information as possible to support the application (please read guidance note 3 (opens in a new tab))

[redacted]

Have you made an application for review relating to the premises before? ☐ No ☐ Yes

If yes, please state the date of that application

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

Part 3 – Confirmations (please read guidance note 4 (opens in a new tab))

Please confirm the following:

I will provide 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.	X

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

Confirmation of applicant or applicant's solicitor or other duty authorised agent (please read guidance note 5 (opens in a new tab)). If signing on behalf of the applicant, please state in what capacity.

Confirmation	X
Date	22/08/2026
Capacity	

Contact information

Contact name	Hannah Burton
Postal address for correspondence associated with this application (please read guidance note 6 (opens in a new tab))	[redacted]
Postcode	[redacted]

Preferred contact method: ☐ Telephone ☒ Email ☐ Both

Telephone number	
Email address	[redacted]
Confirm email address	[redacted]