

APPENDIX A - REVIEW APPLICATION

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 ..Councillor Graham McAndrew.....
(Insert name of applicant)

apply for the review of a premises licence under section 51 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, if none, ordnance survey map reference or description Church End, Little Hadham	
Post town Ware	Post code (if known) SG11 2DY

Name of premises licence holder or club holding club premises certificate (if known) Church End Events Ltd
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Number of premises licence or club premises certificate (if known) 22/0584/PL

Part 2 - Applicant details

I am

Please tick yes

1) an interested party (please complete (A) or (B) below)

- | | |
|---|-------------------------------------|
| a) a person living in the vicinity of the premises | <input type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises | <input checked="" 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)

☐

- 3) a member of the club to which this application relates (please complete (A) ☐ below)

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

Please tick

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title Cllr
(for example, Rev)

Surname

McAndrew

First names

Graham

Please tick yes

I am 18 years old or over



Current postal address if different from premises address

Wallfields, Pegs Lane

Post town

Hertford

Post Code

SG13 8EQ

Daytime contact telephone number

E-mail address (optional)

graham.mcandrew@hertfordshire.gov.uk

(B) DETAILS OF OTHER APPLICANT

Name and address
Cllr Geoffrey Williamson
Wallfields, Pegs Lane, Hertford SG13 8EQ

Telephone number (if any)

E-mail address (optional)
geoffrey.williamson@eastherts.gov.uk

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Telephone number (if any)
E-mail address (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 | <input type="checkbox"/> |
| 2) public safety | <input checked="" type="checkbox"/> |
| 3) the prevention of public nuisance | <input checked="" type="checkbox"/> |
| 4) the protection of children from harm | <input type="checkbox"/> |

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

There were failures in the management of the event in 2024 which led to issues on both public safety and the prevention of public nuisance. These are centred on:

- Conditions on site brought about by the wet conditions
- Problems of parking on site
- Problems caused by parking off site

On the evening of 6th July 2024 a pedestrian heading towards the festival was struck by a car in Albury Road. The casualty later died. This incident is currently under investigation by the police (see Appendix 2). The incident forms part of our call for a review of the licence on the grounds of public safety.

In addition, whilst there were clear failures in the management of the event in 2024, there were also failings in the preparation of the events held at this site in preceding years regarding traffic management plans being both insufficient and delivered late, and then not adhered to.

Therefore in our view the organiser has repeatedly shown an inability to take the safe management of the event seriously and responsibly. To modify the conditions is not a solution as the organiser has consistently demonstrated an inability to keep to them. Temporary suspension of the licence is not an appropriate remedy for an annual event. We therefore submit that the proper remedy is that the licence of the event be revoked.

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

Please see Appendices 1 and 2

Please tick yes

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

If yes please state the date of that application

Day Month Year

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

what they were and when you made them



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

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 3)

Signature of applicant or applicant's solicitor or other duly authorised agent
(See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature  
.....
Date 31/03/2025
.....
Capacity Local councillors
.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5) Cllr Geoffrey Williamson Wallfields, Pegs Lane, 	
Post town Hertford	Post Code SG13 8EQ
Telephone number (if any)	
If you would prefer us to correspond with you using an e-mail address your e-mail address (optional) geoffrey.williamson@eastherts.gov.uk	

Notes for Guidance

1. The ground(s) for review must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
3. The application form must be signed.
4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

5. This is the address which we shall use to correspond with you about this application.