

WITNESS STATEMENT**Criminal Procedure Rules, r 27.2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B****Crime No.****URN**Statement of **MARK SWALLOW**

Age if under 18 OVER 18 (if over 18 insert "over 18")

Occupation **POLICE LICENSING OFFICER 60264**

This statement (consisting of ONE page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: M.SWALLOW. (witness)**Date 8.1.21.**Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

I am a Licensing Officer for West Midlands Police currently stationed at Lloyd house, police headquarters. I work within a team that has responsibility for all licenced premises that sit within the Birmingham City Council Area.

On 18th December 2020 West Midlands Police received an application for an individual person to transfer the premises licence into their name and also to become the designated premises supervisor of Sam's Corner Express, 41 Grove Road, Stirchley B14 6SR. Premises licence number 3076.

I carried out routine checks on relevant police systems in order to assess the impact of the applicant on the crime and disorder licensing objective. On checking these systems I found that a person matching the name and date of birth of the applicant had pleaded guilty of 4 offences at Canterbury Crown Court on 29th October 2018 which resulted in a custodial sentence of 3 years being passed, with another 3 sentences to run concurrent to the 3 year sentence. These convictions are unspent.

The full details of the convictions will be disclosed to the licensing committee (on application for the hearing to be heard in private as they are sensitive).

What the convictions do show is a large degree of planning and dishonesty for very serious matters that have a significant impact on the UK, people's lives and wellbeing, which support organised crime groups. As such West Midlands Police believe that to grant these applications would seriously undermine the crime and disorder licensing objective.

The guidance indicates that only in exceptional circumstances is it expected the Police would object to these applications, we believe for the above reasons we have shown these are exceptional circumstances. M.SWALLOW.

Signature

Signature witnessed by

Witness contact details

URN : / /

Name of witness: Mr/Mrs/Ms/Miss/Dr

Former name

Email address:**Email address needed for correspondence i.e. support material to be sent**

Address

Postcode:

Preferred telephone number:

Alternate telephone number:

Agreed means of contact and frequency :

Gender

Date and place of birth

Ethnicity Code (16+1)

DATES OF WITNESS NON-AVAILABILITY: (12 months)**Witness care**

Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness? (*youth under 18; witness with mental disorder, learning or physical disability; or witness in fear of giving evidence or witness is the complainant in a sexual offence case. ALSO crimes involving gun and knife crimes and victims of Modern Slavery Act 2015*)

Yes ☐ No ☐ If 'Yes', submit **MG2** with file in NGAP, contested or indictable only cases OR to read VPS in GAP cases.

Witness Consent (for witness completion)

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a) I am aware that I may have to attend court. | Yes <input type="checkbox"/> | | |
| b) I have been given the Victims' leaflet with the crime number on . | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c) The Victim Personal Statement scheme (victims only) has been offered to me. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d) It has been explained to me what will happen next with this investigation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| e) I consent to police having access to my medical record(s) in relation to this matter (<i>obtained in accordance with local practice</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f) I consent to the statement being disclosed for the purposes of civil proceedings if applicable, e.g. child care proceedings, CICA, CLPD. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g) Child witness cases only. I have had the provision regarding reporting restrictions explained to me. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| I would like the CPS to apply for reporting restrictions on my behalf. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

- *I understand that the information recorded above will be passed on to the Witness Service, which offers help and support to witnesses pre-trial and at court.*
- *I understand that my details may be passed to other agencies who can offer me help and support in relation to being a victim of this crime.*

I give my informed and explicit consent for my personal details to be passed to other agencies that can support me or are involved in the criminal justice process. Yes ☐ No ☐

Signature..... Date

Parent/guardian signature..... Date

Address

Contact tel no

Supporter signature..... Date

Statement taken by (*print name*):

Station:

Time and place statement taken:

Signature Signature witnessed by