



Request for Licence Watch Ban Release of Photograph / Information

Applicant to Complete: *Licensee / Designated Premises Supervisor*

Full Name of Applicant: (Please Print)	
Sheffield Licence Watch Membership Number:	
Premises:	
Premises Address:	
Contact (Tel. & Email)	
Name of offender:	
Approximate age of offender:	
Address of offender (if known)	
Time & Date of Incident	
Details of Incident	
Were the Police called / involved	YES / NO
Has person subject of ban request been arrested	YES / NO
Incident No.	Officer details
Date (of application)	Signature (of applicant)

FOR OFFICE USE ONLY

Licence Watch Committee confirmation

Confirmed by committee YES / NO	Meeting Date	or	Emails (<i>attached</i>)
Agreed by Chairman	Signature		Date
Supporting comments if any			

Disclosure Officer to Complete

Is the Licensee of premises a member of Licence Watch			YES / NO
Has the Licensee signed a disclosure agreement/confidentiality form			YES / NO
Reason for Disclosure Is the disclosure necessary to prevent: - <ul style="list-style-type: none"> • Criminal acts • Repeat anti social behaviour • Disorderly conduct likely to lead to criminal acts against: - <ul style="list-style-type: none"> ○ Customers ○ Staff ○ Licensee ○ Particular licensed premises ○ Other persons or property associated with licensed premises 			YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO
Will the disclosure of the information to Licence Watch to preven disorder and protect public safety			YES / NO
Data supplied	YES / NO	Date data supplied	
Disclosure Officer			Date
Supporting comments if any			