

WITNESS STATEMENT**Criminal Procedure Rules, r 27.2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B****Crime No.** N/A**URN** N/A

Statement of Jennifer Mellor

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

Occupation Walsall Licensing & Regulatory Service
Officer, West midlands Police

This statement (consisting of 3 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: (witness)**Date** 5th May 2022Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

I am Jennifer Mellor 60384, Walsall Licensing and Regulatory Services Officer currently stationed at Walsall Police Station. The purpose of this statement is to provide additional supporting evidence for the Section 167 Licensing Review served by the Walsall Council Licensing Authority.

On Friday 29th April 2022 at the request of Walsall Council Licensing department West Midlands Police emailed all Responsible Authorities and Mr Paul Sampra advising the Section 51 Licensing Review had been withdrawn as the Licensing Authority had since served a Section 167 Review.

At approximately 17:10 on the same day Mr Sapra phoned my work mobile in response to my above stated email. He was enquiring on which Review had been withdrawn and was he able to remove the blue notice from his store relating to the Section 167 Review. I was able to advise him on the process and confirmed the blue notice needs to remain in place.

During the call he stated that he had been unable to employ SIA staff due to the times the court had requested and the minimum hours SIA will work too, it was too costly an exercise for him. Mr Sapra confirmed between 08:00 and 10:00 hours his store is closed however, between the hours of 14:00 and 17:00 hours his front door is locked but he allows adults only into the shop when they come to the door. This is mostly for "older customers which he knows" and he "asks for ID if he doesn't know them", this is for "alcohol and general groceries". Paul believes this is allowable under the undertakings on the Closure Order. I read the Closure Order from the court out to Mr Sapra on the phone and advised him that was not my understanding of the Order. I told him if the store was trading during these hours and he had not employed SIA staff, the shop should be closed to ensure he is not in breach of the Order. He told me, he has been doing this for "about a month now"

At 17:48 on the same day I emailed the Aldridge Neighbourhood team to advise of this breach and requested a visit or call to Mr Sapra as they were on duty the following day.

Signature Signature witnessed by

Crime No.

N/A

URN

N/A

Statement of Jennifer Mellor

On Tuesday 3rd May I spoke with PC Whittaker, owing to demand they were due to visit Mr Sampra that afternoon.

On Thursday 5th May I viewed the Police bodycam footage of the officers attending the shop today 5th May. I evidenced the shutters up, the sign stating the shop was open and the door being unlocked. Paul Sapra was behind the shop counter with a male and female inside the shop. I believe the shop would have looked open to any potential customers. The keys were in the shop door on the inside.

Mr Sapra by his own admission has been unable to keep to the undertakings of the Closure Notice issued by the Court. He has been trading from the shop for approximately one month without employing SIA staff between the hours of 14:00 and 17:00 hours. West Midlands Police believe these further breaches support our request for this licence to be revoked. On the balance of probabilities adding conditions to the Premise Licence or any short term measures would not be adhered to.

Signature Signature witnessed by

03/2016

OFFICIAL – (when complete)

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