



24 SEP 2018

Representations on a Current Application for a Grant/Variation/Review of a Premises Licence or Club Premises Certificate under The Licensing Act 2003

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/We (Insert name) Nina Henderson.....wish to make representation in relation to an application that has been made in respect of the premises described in Part 1 below.

PART 1 – PREMISES OR CLUB PREMISES DETAILS

Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description 32 Bedford Street	
Post Town Loughborough	Post Code LE11 2DS
Name of premises licence holder or club holding club premises certificate (if known) Moza's Pub and restaurant	
Number of premises licence or club premise certificate (if known)	

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

- Please Tick ✓
- 1) A responsible authority (please complete (C) below)
 - 2) A member of the club to which this representation relates (please complete (A) below)
 - 3) Other persons (Please complete (A) or (B) below)

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

Mr Mrs Miss Ms Other Title (for example, Rev)

Surname

HENDERSON

First Names

NINA

I am 18 years old or over

Yes (Please Tick)

Current Address	33 ALBERT STREET		
Post Town	LOUGHBOROUGH	Post Code	LE11 2DW

Daytime contact telephone number

07

E-mail address (optional)

(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g Body or Business)

Name and Address

Telephone Number (If any)	
E-Mail address (optional)	

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address

Telephone Number (If any)	
E-Mail address (optional)	

This representation relates to the following licensing objective(s)

Please
Tick ✓

- | | |
|---|-------------------------------------|
| 1. The Prevention of Crime and Disorder | <input checked="" 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 checked="" type="checkbox"/> |

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

The Prevention of Crime and Disorder

I am concerned about drunkenness and violence on the property. As I live so close this is going to add to noise and I feel my house/garden could be a target for ~~the~~ drunken vandalism.

Public Safety

If I am coming home in an evening I want to feel safe entering my home.

The Prevention of Public Nuisance

loud sounds of music, people using venue. Car park is already left in a bad state, with rubbish is this going to be worse.

The Protection of Children from Harm

Noise of keep children living near by awake.

Underage drinking?

Please provide as much information as possible to support the representation

(Please read guidance note 2)

The property is at the end and adjacent to residential streets. This application for music/live music and a late opening is going to cause a lot of noise and disturbance for the residents of this area.

The car park is not well maintained and it is covered in weeds, brambles and litter and is often used for fly tipping. Residents in this area already struggle to find parking spaces, with more people attending this venue with no suitable parking this is going to affect residents parking.

Unfortunately drunkenness tends to bring violence and this will make it very unpleasant and add more noise.

Please
Tick ✓

Have you made any representation relating to these premises before?

NO

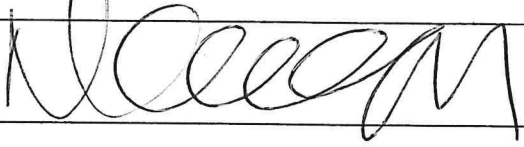
If Yes, please state the date of that representation

Day		Month		Year			

If you have made representation before relating to these premises please state what they were and when you made them.

Part 3 – Signatures (Please read guidance note 3)

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

Signature		Date	22.9.18
Capacity			

Please Note – Your address will be a matter of public records if the application to which this representation relates is referred to the Licensing Committee to determine at a Hearing.

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5) Nina Henderson 33 Albert Street Lc			
Post Town	Loughborough	Post Code	LE11 2DW

Telephone Number (if any)	
E-mail Address (optional)	

Notes for Guidance

1. The ground(s) for representation **must** be based on one or more of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative'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 representation.
6. For further information about the Licensing Act 2003 please contact: The Licensing Section, Charnwood Borough Council, Southfield Road, Loughborough, Leicestershire, LE11 2TX. Tel: 01509 634562 Email: Licensing@charnwood.gov.uk.