

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).....KIM LILLIE.....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 <u>MOBAS RESTAURANT</u> <u>VICTORIA ST</u> <u>LOUFH BARROUFH</u>	
Post Town <u>LOUFH BARROUFH</u>	Post Code <u>LE11 2EN</u>

Name of premises licence holder or club holding club premises certificate (if known) <u>MOZAMMEL HUSSAIN</u>
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Number of premises licence or club premise certificate (if known)
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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, Re)

Surname

LILLIE

First Names

KIM LOUISE

I am 18 years old or over

Yes (Please Tick)

Current Address	8 VICTORIA STREET LIBORO		
Post Town	LOUFTSBEROUGH	Post Code	LE11 2EN

Daytime contact telephone number

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 type="checkbox"/> |
| 2. Public Safety | <input 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 representation (please read guidance note 1)

The Prevention of Crime and Disorder
Public Safety
The Prevention of Public Nuisance THE APPLICANT HAS REQUESTED LIVE + RECORDED MUSIC LICENSES. THIS PROPERTY IS A GLASS + TIMBER BUILDING WITHOUT ADEQUATE SOUND PROOFING FOR THIS. PREVIOUS OWNERS HAVE PLAYED MUSIC AND THE ENTIRE STREET IS ABLE TO HEAR IT. IN ADDITION, THE SIDE VICTORIA STREET ENTRANCE, WHEN OPENED, RELEASES EVEN MORE
The Protection of Children from Harm LOUD MUSIC - BECAUSE THEY DO NOT OPERATE A DOUBLE DOOR POLICY. CONT...

Please provide as much information as possible to support the representation

(Please read guidance note 2)

... CONTINUED.

I HAVE PREVIOUSLY COMPLAINED ABOUT SOUND PROCKING
WHEN IT WAS 'KURA KURA' AND SENT VIDEOS TO THE
COUNCIL DEMONSTRATING HOW MUSIC COULD BE HEARD
DOWN THE STREET.

Please
Tick ✓

Have you made any representation relating to these premises before?



If Yes, please state the date of that representation

Day	Month	Year			
	12	2	0	1	6
	01	2	0	1	7

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

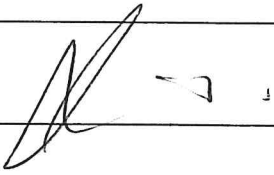
MUSIC HEARD FROM PREMISES WHEN IT WAS KURA KURA, PLUS FUEST MANAGEMENT AS UNDERAGE CHILDREN WERE COMING OUT THE SIDE DOORS + DRINKING IN THE STREET.

MUSIC COULD BE HEARD ALL EVENING UNTIL 2.30'ISH. IN THE MORNING. ~~HEARD~~

THEY PLAYED LOUD MUSIC + THE VENUE IS NOT SOUND PROOFED TO ~~BY~~ MANAGE IT.

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	26/01/18
Capacity	MYSELF		

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)	
SAME AS PREVIOUS	
Post Town	Post Code

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.