



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).....D. Bennett.....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
ALBERT HOUSE
1 ALBERT STREET,

Post Town <u>HOUGHTONBOURGH</u>	Post Code <u>HE11 2JW</u>
------------------------------------	------------------------------

Name of premises licence holder or club holding club premises certificate (if known)
Sonya Russo

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, Re)

Surname

BRYNTHY

First Names

DEBBIE

I am 18 years old or over

Yes (Please Tick)

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

Daytime contact telephone number

01509

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 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)

<p>The Prevention of Crime and Disorder THIS PREMISES HAS ALREADY ATTRACTED CRIMINAL DAMAGE TO THE AREA. LAST MONTH THREE WINDOWS ON THE SIDE ELEVATION + 3 LARGE PANEES OF GLASS ON THE FRONT ELEVATION OF ALBERT HOUSE WERE SMASHED. A RESIDENT'S DOOR KICKED IN AS WELL</p>
<p>Public Safety</p>
<p>The Prevention of Public Nuisance THE LATE NIGHT LICENCE IN A RESIDENTIAL + CONSERVATION AREA WOULD CREATE NOISE + DISRUPTION TO THE LOCALITY: COMMUNITY.</p>
<p>The Protection of Children from Harm</p>

Please provide as much information as possible to support the representation

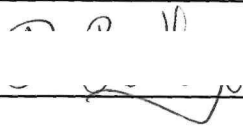
(Please read guidance note 2)

WHEN ALBERT HOUSE WAS FIRST TO BE DEVELOPED IT WAS INTENDED TO BE AN APARTMENT BLOCK OF 6 THEN IT WAS TO BE 9.

NOW WITH THE PLANNING APPLICATION OF A CHANGE OF USE - SO THAT IT CAN HAVE DJ EVENTS, PARTIES, ETC ON FRIDAY, SATURDAY NIGHTS UNTIL 1-00 AM IN A RESIDENTIAL AREA, WITH FAMILIES, PENSIONERS + PEOPLE THAT WORK AT WEEKENDS. I FIND THAT THE APPLICANT IS BEING DISRESPECTFUL TO THE COMMUNITY THEY HAVE NOT EVEN BOTHERED TO LET US KNOW ABOUT THIS LICENCE, ONE OF THE NOTICES ON THE FRONT ELEVATION IS NOT VISIBLE TO READ FROM THE ROAD + NO ONE WOULD OPEN THE GATE TO SEE WHAT IT SAID. THE ALCOHOL LICENCE PROPOSED TO BE FROM 9-00-11-00 PM. THERE IS AN OFF LICENCE IN BEDFORD SQUARE IF ANYONE NEEDS ALCOHOL, I SUPPOSE THAT THEY ARE INTENDING TO TAKE THEIR TRADE OFF THEM, IF THEY CAN THIS BUILDING HAS NOT GOT ANY PARKING PERMITS - SO THE ATTENDEES WOULD BE VYING FOR SPACE ON ALBERT STREET WHICH THERE IS VERY LITTLE OF. I BELIEVE THAT IF THIS LICENCE IS GRANTED THEN THERE WOULD BE MORE CRIMINAL ACTIVITY IN THE AREA.

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	8/12/23
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)	
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.

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.

N/A

