



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.

We (*Insert name*) Mountsorrel Parish Council.....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 14-18 Loughborough Rd Mountsorrel LE12 7AT	
Post Town Loughborough	Post Code LE12 7AT

Name of premises licence holder or club holding club premises certificate (if known) OAC Public Ltd

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, Rev,)

Surname

First Names

I am 18 years old or over Yes (Please Tick)

Current Address	<input type="text"/>		
Post Town	<input type="text"/>	Post Code	<input type="text"/>

Daytime contact telephone number

E-mail address (optional)

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

Name and Address <input type="text"/>
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Telephone Number (If any)	<input type="text"/>
E-Mail address (optional)	<input type="text"/>

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address Mountsorrel Parish Council 2a Little Lane LE12 7BH

Telephone Number (If any)	<input type="text"/>
E-Mail address (optional)	manager@mountsorrelparishcouncil.gov.uk

This representation relates to the following licensing objective(s)

Please
Tick ✓

- | | | |
|----|---|--------------------------|
| 1. | The Prevention of Crime and Disorder | <input type="checkbox"/> |
| 2. | Public Safety | ✓ |
| 3. | The Prevention of Public Nuisance | ✓ |
| 4. | The Protection of Children from Harm | ✓ |

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

The Prevention of Crime and Disorder
Public Safety We are concerned that the sale of alcohol may not be compatible with the other proposed uses of the premises for children's play. We would want the licensing authority to be satisfied that there was sufficient segregation of these activities.
The Prevention of Public Nuisance We are concerned that the hours of operation of the sale of alcohol for consumption on the premises 7 days a week 8am to 23.00 could give rise to public nuisance. 8am is a very early time to be serving alcohol in an essentially residential area. This will attract more people arriving in vehicles with limited on site parking this will negatively impact on neighbours.
The Protection of Children from Harm We are concerned that the sale of alcohol may not be compatible with the other proposed uses of the premises for children's play. We would want the licensing authority to be satisfied that there was sufficient segregation of these activities.

Please provide as much information as possible to support the representation

(Please read guidance note 2)

Please
Tick ✓

Have you made any representation relating to these premises before?

✓

If Yes, please state the date of that representation

Day		Month		Year			
				2	0	2	4

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

Representations on the planning application concerning the adequacy of parking and impact on amenity of residential neighbours. Date of representation not available at time of submitting this.

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	<i>Ross Willmott</i>	Date	29.02.24
Capacity	Parish Manager		

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) Ross Willmott Mountsorrel Parish Council 2a Little Lane	
Post Town	Post Code LE127BH

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.