



- 8 JAN 2019

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) MR & MRS HALLAM 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>ELITE ATHLETE CENTRE & HOTEL</u>	
Post Town <u>LOUGHBOROUGH</u>	Post Code <u>LE11 3TU</u>

Name of premises licence holder or club holding club premises certificate (if known) <u>IMAGO @ LOUGHBOROUGH LTD</u>

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) | <input type="checkbox"/> |
| 2) A member of the club to which this representation relates (please complete (A) below) | <input type="checkbox"/> |
| 3) Other persons (Please complete (A) or (B) below) | <input type="checkbox"/> |

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

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

Surname

First Names

I am 18 years old or over

Yes (Please Tick)

Current Address <input type="text" value="45"/>	<input type="text" value="45 COTSWOLD CLOSE"/>		
Post Town	<input type="text" value="LOUGHBRUGH"/>	Post Code	<input type="text" value="LE11 3AN"/>

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
- 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
The Prevention of Public Nuisance OUTDOOR ACTIVITIES UP TO MIDNIGHT
The Protection of Children from Harm

Please provide as much information as possible to support the representation

(Please read guidance note 2)

We are currently subjected to "thump, thump, thump" from the Students Union Bar.

Regular outdoor events, often accompanied by fireworks, causing distress to our pets.

We have been woken on more than one occasion where whoever organises these events thinks no-one goes to bed before 11:00 - 11:30.

We then have to put up with drunken antics & behaviour as students filter back to their lodgings in the local residential area.

Why do we want more noise?

...and finally. Posting a time limited notice over a holiday period (Christmas) smacks of being devious!

Please
Tick ✓

Have you made any representation relating to these premises before?

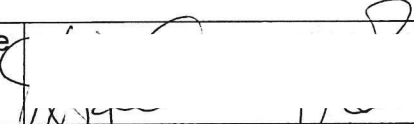
If Yes, please state the date of that representation

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	8 Jan. 2019
Capacity	RESIDENTS		

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.