

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) MR ADRIAN & MRS JUNE BOND 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>THE TLOORINGS,</u> <u>14 BRIDGE STREET</u> | |
| Post Town <u>BARROW-UPON-SOAR</u> | Post Code <u>LE 12 8PN</u> |

| |
|--|
| Name of premises licence holder or club holding club premises certificate (if known) <u>NIGEL PINEGAR BARROW-UPON-SOAR PUBS LTD.</u> |
|--|

| |
|--|
| 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

First Names

I am 18 years old or over

Yes (Please Tick)

| | | | |
|-----------------|--------------------------------------|-----------|----------|
| Current Address | 5 CROSSLEY CLOSE BARROW-UPON-SOAR | | |
| Post Town | LOUGHBOROUGH | Post Code | LE12 8DL |

Daytime contact telephone number

HOME -
MOBILE -

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

DRUNKEN BEHAVIOUR WHEN LEAVING
PREMISES 11-55pm FRIDAY 31ST MAY
AND 00-30 SATURDAY 1ST JUNE.

Public Safety

REVELLERS RUNNING DOWN BRIDGE
STREET IN THE MIDDLE OF THE
ROAD - ABUSIVE TO MOTORISTS

The Prevention of Public Nuisance

FRIDAY 31ST MAY - 8 CARS PARKED,
PARKING IN CROSSLEY CLOSE, NOISE OF
PATRONS WHEN LEAVING, SHOUTING, LAUGHING,
SHRIEKING AS IF IT WAS MIDDLE OF DAY.
PATRONS SITTING ON SEAT AT BOTTOM OF
CLOSE VOMITTING.

The Protection of Children from Harm

Please provide as much information as possible to support the representation

(Please read guidance note 2)

HAS THIS ESTABLISHMENT ALREADY
BEEN GIVEN A LIQUOR LICENCE?

IF SO WHY IS THIS APPLICATION THERE
TO BE QUERIED?

WE UNDERSTOOD WHEN THE ESTABLISHMENT
OPENED WHIT BANK HOLIDAY IT WAS
TO SERVE SOFT DRINKS - A NEIGHBOUR
VISITED 'THE MOORINGS' AND PURCHASED
BEER & WINE.

IT WAS OBVIOUS SAT. 1ST JUNE THAT
PATRONS WERE RUNNING DOWN THE
ROAD ITSELF AFTER CELEBRATING FOOTBALL
WIN BECAUSE THEY KNEW THEY
COULD DRINK FOR ANOTHER TWO HOURS!

FRIDAY 31ST MAY 8 EXTRA CARS UP
CROSSKEY CLOSE. BRIDGE STREET LINED
WITH CARS!

IS IT NECESSARY TO HAVE SUCH LATE
HOURS OF OPENING IN A VILLAGE?

ARE WE AS RESIDENTS EXPECTED TO LIVE
WITH WINDOWS/DOORS CLOSED ON WARM EVENING
BECAUSE OF NOISE?

Please
Tick ✓

Have you made any representation relating to these premises before?

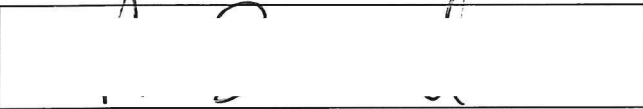
If Yes, please state the date of that representation

| 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 | 4/6/19. |
| Capacity | RESIDENT OF CROSSKEY CLOSE | | |

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.