

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)Wish to make representation in relation to am application that has been made in respect of the premises described in Part 1 below.					
PART 1 – PREMISES OR CLUB PREMISES DE	TAILS				
Postal Address of Premises or Club Premises description	, or if none, ordnance survey map reference	e or			
THE MOORINGS 14 BRIDGE STREET BARROW UPON SO	AR				
Post Town	Post Code				
LOUGHBOROUGH	2E12 8PN				
Name of premises licence holder or club hold	ing club premises certificate (if known)				
BARROW UPON SOAR PL					
Number of premises licence or club premise of	ertificate (if known)				
	,				
PART 2 – DETAILS OF PERSON MAKING REP	RESENTATION				
	Please Tick ✓				
A responsible authority (please complete (C) below)				
2) A member of the club to which this represe		П			

Other persons (Please complete (A) or (B) below)

3)

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)					
Mr Mrs ✓	Miss Ms Other Title (for example, Re				
Surname	First Names				
EODMIN	MARION				
I am 18 years old or ove	Yes (Please Tick)				
Current Address	Surrent Address 8 CROSSLEY CLOSE				
	BARROW UPON SOAR				
Post Town	LOUGHBOROUGH Post Code LE12 8QL				
Daytime contact telephor	ne				
number	~ . — .				
E-mail address (optional					
(B) DETAILS OF OTHE	R PARTY MAKING REPRESENTATION (e.g Body or Business)				
Name and Address	* *				
Talambana Number (If or					
Telephone Number (If ar					
E-Mail address (optional)					
(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION					
Name and Address					
Telephone Number (If ar					
E-Mail address (optional)					

	representation relates to the following licensing objective(s)		Pleas
			Tick v
1.	The Prevention of Crime and Disorder		
2.	Public Safety		
3.	The Prevention of Public Nuisance	2- /	
4.	The Protection of Children from Harm		
Pleas	se state the ground(s) for representation (please read guidance note	; 1)	
The F	Prevention of Crime and Disorder	,	
		,	
Publi	c Safety		
ı ubii	o dalety		
			v
			*
The P	revention of Public Nuisance		
RE	EFERENCE TO THE APPLICATION FOR LAT	E	-
N	IGHT OPENING HOURS AND MUSIC LICEN	SE.	
		0	
The P	rotection of Children from Harm		

~

Please provide as much information as possible to support the representation (Please read guidance note 2)

The pub is situated near to a residential area and residents will be greatly affected by loud music, both indoors and outdoors, late at night.

I am also concerned by the lack of parking at the premises. The publiseif has extremely limited parking due to its location next to the river. There is also a lack of public carparking in the village as a whole. This means people wishing to visit the pub, part on our residential street. This causes inconvenience and will create a noise issue if people are leaving the pub late at night.

mises be	fore? Month	
Day	Month	
Day	Month	\ /
		Year
ese prer	nises please s	state what they
	ese pren	ese premises please s

,

8

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	25.05.19		
Capacity							
Diago Note	- Vous address	will be a matter o	f nublic roc	ords if the	application to which this		
					termine 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)	-		
T	Alexander of Cife and A						
i elepnone i	Number (if any)						
E-mail Addre	ess (optional)						

Notes for Guidance

- 1. The ground(s) for representation <u>must</u> 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.

8 Crossley Close Barrow upon Soar LEICS LE12 8QL

15 MAY 2019

Licensing Manager
Charnwood Borough Council
Council Offices
Southfield Road
Loughborough
LEICS
LE11 2TX

12 May 2019

Dear Sir or Madam

Re: Licensing Application by Barrow Upon Soar Pubs Ltd in relation to The Moorings, 14 Bridge Street, Barrow Upon Soar LE12 8PN

I am writing to express my concerns in relation to the above licensing application, with particular reference to the late night opening hours and music license. The pub is situated near to a residential area and residents will be greatly affected by loud music, both indoors and outdoors, late at night.

I am also concerned by the lack of parking at the premises. The pub itself has extremely limited parking due to its location next to the river. There is also a lack of public carparking in the village as a whole. This means that people wishing to visit the pub park on our residential street. This causes inconvenience and will create a noise issue if people are leaving the pub late at night.

I hope that these concerns will be taken into consideration when you are looking at the licensing application for The Moorings.

Yours faithfully

Marion Godwin