

03 JUN 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).....ROBERT & CATHERINE HOLMES.....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 THE MOORINGS 14 BRIDGE STREET BARROW UPON SOAR	
Post Town LEIGHTBOROUGH	Post Code LE12 8PN

Name of premises licence holder or club holding club premises certificate (if known) NIGEL PINEGAR
--

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 checked="" 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	4 CROSSLEY CLOSE BARROW UPON SOAR, LAUGHTBOROUGH LEICS		
Post Town	LAUGHTBOROUGH	Post Code	LE12 8QL

Daytime contact telephone number

E-mail address (optional)

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

Name and Address	ROBERT HOLMES AS ABOVE
------------------	-------------------------------

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

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address	<input type="text"/>
------------------	----------------------

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

This representation relates to the following licensing objective(s)

- | | Please
Tick ✓ |
|---|-------------------------------------|
| 1. The Prevention of Crime and Disorder | <input type="checkbox"/> |
| 2. Public Safety | <input checked="" 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)

The Prevention of Crime and Disorder

Public Safety

The outside tables are very close to the waters edge. children must be carefully supervised. Will signs and checks be in place to help prevent accidents?

The Prevention of Public Nuisance

We are concerned and seek amuances regarding the late license for sale of alcohol outside / playing of live or recorded music outside and all of these until very late ie midnight or 1am. We live very close and are also affected by our road being used as an overflow car park. (this is what happened with previous owner)

The Protection of Children from Harm

Please provide as much information as possible to support the representation

(Please read guidance note 2)

Our representation is based on the detail given in the licence application. We are concerned about the levels of noise from late night sales of alcohol and the playing of live or recorded music outside until 1am on Fridays and Saturdays and 12midnight on other nights.

We do not have a complaint NOW but if we do not mention our concerns & get assurances now then we may well be seen to be "happy" with the scope of the licence this business seeks. We are not.

At the 'soft opening' of the business, children were playing near to the waters edge, not closely supervised by adults. Will reminders be displayed about supervision of children?

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.

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	30 th May 2019.
Capacity	Representative		

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) CATHERINE HOLMES 4 CROSSLEY CLOSE BARROW UPON SOAR LEICS			
Post Town	Loughborough	Post Code	LE12 8QL

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.