



**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)...Diane Thornton.....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**

<b>Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description</b>  Quorn Grange Hotel 88 Wood Ln, Quorn,	
<b>Post Town</b> Loughborough	<b>Post Code</b> LE12 8DB

<b>Name of premises licence holder or club holding club premises certificate (if known)</b>
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<b>Number of premises licence or club premise certificate (if known)</b>
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**PART 2 – DETAILS OF PERSON MAKING REPRESENTATION**

- |  |                                     |
|--|-------------------------------------|
|  | Please<br>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	36 Northage Close Quorn		
Post Town	Loughborough	Post Code	LE12 8AT

Daytime contact telephone number

E-mail address (optional)

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

Name and Address
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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
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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 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)

<b>The Prevention of Crime and Disorder</b>
<b>Public Safety</b>
<b>The Prevention of Public Nuisance</b> On previous occasions this premises has disturbed the locality with fireworks after 10pm, even on a weekday when people are sleeping needing to be up for work the next day, and certainly would have woken local children with school next day. I acknowledge fireworks are allowed until 11pm by law, however this is indicative of an establishment with little regard to its neighbours. I am grievously concerned that if this permission is granted then liberties will be taken with late night noise and nuisance making the lives of us close neighbours intolerable with the performance of loud music until the extreme end of the licenced hours and subsequent departure along Wood Lane of large numbers of rowdy persons.
<b>The Protection of Children from Harm</b>

**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?

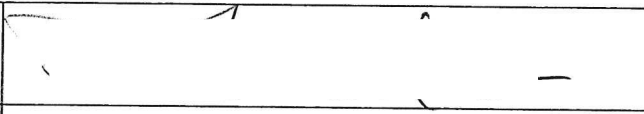
If Yes, please state the date of that representation

Day		Month		Year			

**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	31/7/20
Capacity			

**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.**

<b>Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5)</b>	
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](mailto:Licensing@charnwood.gov.uk).