



24 JUN 2020

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 DUNCAN JAMES**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 Quorn Grange Hotel, 88 Wood Lane, Quorn, Leicestershire, LE128DB Applicant: RichardLangham Details: Applicant seeks to vary the current premise licence to show a new plan. No changes to licensable hours or activities. Last day for representations is July 8, 2020.	
Post Town LOUGHBOROUGH	Post Code LE12 8DB

Name of premises licence holder or club holding club premises certificate (if known) MR RICHARD LANGHAM QURON GRANGE HOTEL QUORN
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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
JAMES

First Names
DUNCAN ANDREW

I am 18 years old or over Yes (Please Tick)

Current Address	31 UNITT ROAD QUORN		
Post Town	LOUGHBOROUGH	Post Code	LE12 8BX

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

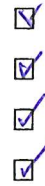
Name and Address

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

THE EXTRA AMOUNT OF PEOPLE WOULD PUSH UP CRIME IN THE AREA WITH EVENTS NOT FINISHING TILL LATE AND DRINKING AND POSSIBLE DRINKING IN THE STREET WAITING FOR TAXIS'S OR BUSES. RECENTLY EVEN IN THE DAYLIGHT HOURS PEOPLE GET ASSAULTED IN THE STREET.

Public Safety

THE AMOUNT OF EXTRA TRAFFIC ON WOOD LANE WOULD NOT COPE WITH ANY MORE VEHICLES AS ITS TO BUSY NOW. THE BENDS IN THE ROAD ARE A CRASH WAITING TO HAPPEN. WHERE QUORN GRANGE IS LOCATED ITS RIGHT ON THE BEND IN THE ROAD COMING DOWN THE HILL AND CARS GO TO FAST, AGAIN AN ACCIDENT WILL HAPPEN WITH OUT THIS BUT MORE SO IF THIS GOES AHEAD.

The Prevention of Public Nuisance

YOUNG CHILDREN OLD PEOPLE SICK BEING KEPT AWAKE AT NIGHT BECAUSE OF THESE EVENTS CAUSEING PARENTS TO HAVE ISSUES. THESE HOUSES BACK STRAIGHT ON TO QUORN GRANGE. IF MORE EVENTS TAKE PLACE THE CRIME WILL GO UP IN THE AREA.
NOISE POLLUTION TO WHAT IS A PEACEFUL NEIGHBOURHOOD WILL BE COME AN OUT DOOR MUSIC EVENT!
SO FAR FIREWORKS ON FRIDAY AND SATURDAY NIGHTS HAPPEN AND COULD GO ON FOR AN HOUR IT CAN BE QUITE IMPOSSIBLE TO SLEEP SO QUORN GRANGE SHOULD BE CUTTING BACK NOT EXPANDING TO B=HELP THE NEIGHBOROUHOOD.

The Protection of Children from Harm

MY CONCERN IS THAT YOUNG CHILDREN WILL BE AT THESE EVENTS AND THAT DRINKING AND SMOKING AND DRUGS TAKE PLACE IN THESES MUSIC EVENTS OUTSIDE AND THAT LOCAL CHILDREN CAN SLEEP AT NIGHT WITHOUT BEING KEPT AWAKE BY MUSIC ALL NIGHT.
ALMOST CERTAINLY AFTER A CCERTAIN TIME AT NIGHT CHILDREN WOULD HAVE TO BE KEPT IN AS THIS IS MORE OF AN ADULT GATHERING TO PROTECT THEM FROM VIOLENCE OR BEING EXPOSED TO THIS TO EARLY IN LIFE.

Please provide as much information as possible to support the representation

(Please read guidance note 2)

Hi Quorn Grange Hotel as applied for a variation to its licensing agreement which will allow more outside events such as live music and the performance of plays already they make too much noise with fireworks at night often waking young children and old or sick people. The mess would also concern me as live music will fill an already busy Wood Lane with an unacceptable level of traffic if there was to be an accident such as a crowd crush or worse I would beg the council to rethink this through as I live on Unitt road at 31 and every weekend and some week nights we already get fireworks and loud music going off and I have complained to the manager at the grange before about their bonfires they had every Monday destroying washing and dirtying cars, I was not the only one to complain a neighbor took her washing and put it on his desk and asked him to wash it after she had done so several times. So I ask you please do not give Quorn Grange anything else as they do not care about the local community around them.

Please
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

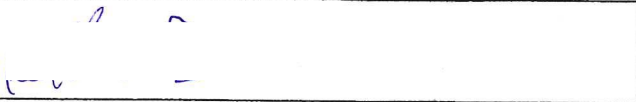
Day		Month		Year			

If you have made representation before relating to these premises please state what they were and when you made them.

NONE

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	23/6/2020
Capacity	MR DUNCAN JAMES		

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 LOUGHBOROUGH	Post Code LE12 8BX

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.