

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 AND MRS BEIARS 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>QUORN GRANGE HOTEL</u> <u>88, WOOD LANE</u> <u>QUORN</u>	
Post Town <u>LOUGHBOROUGH</u>	Post Code <u>LE12 8DB</u>

Name of premises licence holder or club holding club premises certificate (if known) <u>MR. RICHARD LANGHAM</u>
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Number of premises licence or club premise certificate (if known) <u>PREM 5696</u>

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"/> |

Mr

Mrs

Miss

Ms

Other Title (for example, Re)

Surname

BRIARS

First Names

GORDON AND LYNN

I am 18 years old or over

Yes (Please Tick)

Current Address	17, 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

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)	

- 1. The Prevention of Crime and Disorder
- 2. Public Safety
- 3. The Prevention of Public Nuisance
- 4. The Protection of Children from Harm

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Please state the ground(s) for representation (please read guidance note 1)

<p>The Prevention of Crime and Disorder</p> <p>VENUES WHICH HAVE LIVE MUSIC LATE AT NIGHT WILL INCUR EXCESS ALCOHOL CONSUMPTION AND POTENTIAL DRUG TAKING. THIS INVARIABLY LEADS TO FIGHTS, VIOLENCE AND CRIMINAL DAMAGE TO PERSONS AND ADJACANT PROPERTIES. EXPERIENCE SHOWS THAT LIVE MUSIC SHOWS OFTEN LEAD TO PUBLIC ORDER OFFENCES. THERE WOULD BE IMPAIRED DRIVING ABILITY BY PEOPLE ATTENDING SUCH EVENTS, AND WOOD LANE IS A DARK NARROW, WINDING ROAD. THERE HAVE ALREADY BEEN MANY VEHICLE ACCIDENTS ON WOOD LANE.</p>
<p>Public Safety</p>
<p>The Prevention of Public Nuisance</p> <p>WE LIVE IN A QUIET CLOSE AND PEACEFUL NEIGHBOURHOOD, AND HAVE CHOSEN TO LIVE IN SUCH AN AREA. WHATEVER THE LICENCEE SAYS ABOUT THE NUMBER OF CAR SPACES AVAILABLE AT QUORN GRANGE, PEOPLE WILL ALWAYS, FOR WHATEVER REASON, PARK OFFSITE. NORTHAGE CLOSE IS ADJACENT TO THE VENUE AND WE DO NOT WANT PEOPLE TO PARK THEIR CARS HERE, SLAMMING CAR DOORS, REVING UP ENGINES AND SHOUTING. NOR DO WE WANT TO FIND VEHICLES LEFT OVERNIGHT IN OUR CLOSE BLOCKING DRIVEWAYS, WHICH IS WHAT COULD HAPPEN.</p>
<p>The Protection of Children from Harm</p> <p>(CONTINUED OVER)</p>

Please provide as much information as possible to support the representation

(Please read guidance note 2)

CONTINUED REPRESENTATION FOR 'THE PREVENTION OF PUBLIC
NUISANCE'

SOME PEOPLE FROM THESE VENUES MAY TAKE THE OPPORTUNITY
TO "CHECK-OUT" THE CLOSE AND OTHER NEARBY PROPERTIES,
FOR FURTHER ATTEMPTS AT BREAK-INS.

AT PRESENT, WE HAVE ENOUGH INTRUSION FROM QUORN
GRANGE WITH WEDDING PARTIES AND FIREWORKS GOING
OFF LATE AT NIGHT, AND WE MOST CERTAINLY DO NOT
WANT TO BE SUBJECTED TO ANY MORE NOISE, AND INTRUSION.
ON THESE GROUNDS, WE STRONGLY OBJECT TO THIS VARIATION
IN THE LICENCING AGREEMENT FOR AN OUTDOOR AREA FOR
LIVE MUSIC AND PERFORMANCE OF PLAYS.

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.

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	24/6/20
Capacity	HOME OWNER		

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.

Can you please let us know the
outcome of this application