

Date Received  
07.07.2020



## 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.

We (*Insert name*) LOUISA ADDISON 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 Lane 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>  Richard Langham
--

<b>Number of premises licence or club premise certificate (if known)</b>  unknown
---

### 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, Rev, )

Surname

First Names

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

Current Address	41 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)	<input type="text"/>
E-Mail address (optional)	<input type="text"/>

**(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION**

Name and Address
------------------

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. <b>The Prevention of Crime and Disorder</b> | <input type="checkbox"/>            |
| 2. <b>Public Safety</b>                        | <input type="checkbox"/>            |
| 3. <b>The Prevention of Public Nuisance</b>    | <input checked="" type="checkbox"/> |
| 4. <b>The Protection of Children from Harm</b> | <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>
<b>The Protection of Children from Harm</b>

**Please provide as much information as possible to support the representation**

(Please read guidance note 2)

### **The Prevention of Public Nuisance**

**My property is on Unitt Road. Unitt Road is behind Quorn Grange Hotel. Unfortunately an outdoor area for live music and the performance of plays will have a big impact on my home life. I am very disappointed where the notice was posted, directly outside of the pedestrian entrance to the Hotel and will not be seen by many people. This to me shows a little dishonesty as there is little foot fall by there. This implies that the applicant wants to withhold information from the local residents.**

**I have lived at 41 Unitt Road for 22 years and although the Hotel has not generally caused a nuisance, when it does happen the noise is very intrusive and up to this date I have had to tolerate fireworks, shouting, singing and music all of which are very loud.**

**I strongly object to the change to the current premise licence.**

- **The location is extremely close to quiet residential housing.**
- **Open air performance is not compatible with this location.**
- **Where alcohol is involved the possibility for inappropriate behaviour is increased.**
- **There has already been a demonstrated disregard for the local residents by use of fireworks, shouting, singing and music all of which are very loud. This has had the effect of disturbing residents generally and especially the children who have been unable to sleep/awoken up.**
- **Sleep deprivation even with my windows closed. Which in summer months is very uncomfortable. This has had and will continue to have a negative effect on my life.**
- **The noise does and will upset resident pets.**

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	07/07/20
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).