



13 JUL 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).....JEAN COLES.....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>  Salon 45 Hair Lounge 8 Woodgate Rothley	
<b>Post Town</b> Leicester	<b>Post Code</b> LE7 7LJ

<b>Name of premises licence holder or club holding club premises certificate (if known)</b>  Salon 45 of Rothley Ltd
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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 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

First Names

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

Current Address	15a Woodgate Rothley		
Post Town	Leicester	Post Code	LE7 7LL

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**
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)

**The Prevention of Crime and Disorder**

There have been several break-ins and thefts in Woodgate over the last 18 months (Post Office, hairdressers, news agent, chemists). The storage of alcohol could make these premises a target for further break-ins.

There are occasions throughout the week when groups of people congregate outside the Pizza parlour opposite my flat; as Salon 45 is next door to the Pizza parlour, there is the potential for larger groups to congregate on the footpath/road which, with the consumption of alcohol, could lead to disorder offences.

**Public Safety**

There is limited parking available on Woodgate. Throughout the day and evening when the parking spaces are full, people park illegally on the footpath. The opening of Salon 45 would increase these violations, causing access problems to properties and making it difficult to cross the road between parked vehicles.

**The Prevention of Public Nuisance**

I already suffer noise from the Pizza parlour opposite my flat. The opening of a bar in the street next door to this business with numerous people congregating on the pavement outside, would only increase my discomfort.

**The Protection of Children from Harm**

**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	10-7-20
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>	
15a Woodgate Rothley	
Post Town Leicester	Post Code LE7 7LL

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).