



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).....*DEBORAH WILLIAMS*.....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 <i>8, Woodgate Rothley LEICESTER LE77LJ.</i>	
Post Town <i>LEICESTER/ROTHLEY</i>	Post Code <i>LE77LJ.</i>
Name of premises licence holder or club holding club premises certificate (if known) <i>SAKON 45 HAIR LOUNGE.</i>	
Number of premises licence or club premise certificate (if known)	

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 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	No 10 Woodgate Rothley LEICESTER		
Post Town	LEICESTER Rothley	Post Code	LE774J

Daytime contact telephone number

E-mail address (optional)

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

Name and Address	STUART SOLE
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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 | <input checked="" type="checkbox"/> |
| 2. Public Safety | <input checked="" 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)

<p>The Prevention of Crime and Disorder</p> <p>SALON 45. USING THE SHARED ACCESS. PAST MY SHOP AND RENTAL FLAT. AND MY HOME. IT SHOULD BE MY SAFE HAVEN. WILL BECOME UNSAFE. AND EXTRA WORK ON THE POLICING OF THIS</p>
<p>Public Safety</p> <p>THE ACCESS USE TO THE SALON BAR WITH ALCOHOL I AM SO CONCERNED ANYONE CAN HAVE ACCESS TO MYSELF AND THE NOISE LEVELS. LIGHTS</p>
<p>The Prevention of Public Nuisance</p> <p>THIS LOUNGE PART IS DIRECTLY ON TOP OF MY GARDEN HOME FLAT AND SHOP. THE NOISE OF THIS AND LATE NIGHTS IN A RESIDENTIAL HOMES. CONSERVATION AREA</p>
<p>The Protection of Children from Harm</p>

Please provide as much information as possible to support the representation

(Please read guidance note 2)

I OWN THREE PROPERTIES 12 12A 10 Woodgate
Rothley joining THE applicants HADDRESSING
ESTABLISHMENT PARLOUR CURRENTLY UNDERGOING
REFURBISHMENT SITUATED AT 8 WOODGATE ROTHLEY

HAVING THE SHARED ACCESS OF THREE PROPERTIES
WHICH ARE RESIDENTIAL

I STRONGLY OBJECT THE GRANTING OF AN
ALCOHOL RELATED LICENCE TO THESE PREMISES
BUT AMONGST THEIR NOISE, NUISANCE AND
THE INAPPROPRIATE USE OF WHAT IS A
HADDRESSERS THE GARDEN TO WHICH IS
IMMEDIATELY BEHIND MY BACK GARDEN AND
NEXT TO MY PRIVATE RESIDENCE NO 10 MY BEDROOMS
ON TOP AND MY WHOLE LIVING IS ON STAIRS
NO QUALITY OF LIFE. THERE ARE A NUMBER OF
RESTURANTS ON THE MAIN PART OF ROTHLEY WHICH
HAVE APPROPRIATE LICENCES AND I UNDERSTAND THAT
THEY HAVE BEEN THERE ALONG WITHOUT AS FAR AS I
AM AWARE, ANY ISSUES BUT THIS IS BEING CREATED
IN A ROW OF SHOPS THAT IS JUST THAT. AND
THERE IS NO PARKING FOR THE PREMISES AND WOODGATE
IS ALWAYS VERY BUSY WITH CAR TRAFFIC AND PARKING
I HAVE A LISTED BUILDING ONE OF THE OLDEST
HOMES IN ROTHLEY, I HAVE BEEN HERE FOR 23 YEARS.
SALON 45 LOUNGE AS RECENTLY BEEN PURCHASED.
AND AS CHANGED IN APPEARANCE ALREADY ON WALLS.
AIR CONDITIONING UNITS AND BOLT COOLERS HEATED.
LAMP PARCELS LOUNGE TABLES AND CHAIRS, FLOOD
LIGHTING THIS IS ANOTHER MATTER WHICH IS CURRENTLY
BEEN LOOKED AT. WITH THE COVID AND CURRENT

CIRCUMSTANCES NOT GOING OUT MY LIFE REVOLVES
AROUND MY HOME AND GARDENS AND ALSO MY
HEALTH. I ALSO SUFFER WITH LUPUS AND NEED
MY SPACE TO SLEEP. THIS IS SERIOUSLY UNDER
THREAT.

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	9-6-2020
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.

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5) No 10 Woodgate Rothley Leicester	
Post Town Leicester Rothley	Post Code LE77LJ

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.