



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).....STEVE MITCHELL.....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	
"ST No 45" & Woodgate Rother.	
Post Town	Post Code
Rother	LE7 7LJ

Name of premises licence holder or club holding club premises certificate (if known)
?

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)
- 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

Mitchell

First Names

STEVE

I am 18 years old or over

Yes  (Please Tick)

Current Address	18 ANTHONY STREET ROTHAM LEICS		
Post Town	ROTHAM	Post Code	LE77PA

Daytime contact telephone number

E-mail address (optional)

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

Name and Address	N/A
------------------	-----

Telephone Number (If any)	
E-Mail address (optional)	

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

Name and Address	N/A
------------------	-----

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 type="checkbox"/>            |
| 2. Public Safety                        | <input 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)

<b>The Prevention of Crime and Disorder</b>
<b>Public Safety</b>
<b>The Prevention of Public Nuisance</b> UNDER THE CURRENT APPLICATION LICENCE TIMES INCLUDE 10.00 AM — 8.00 PM MONDAY TO SATURDAY 10.00 AM to 4.00 (SUNDAY) (*)
<b>The Protection of Children from Harm</b>

(\*) See notes in  
next section.

(\*)

Please provide as much information as possible to support the representation

(Please read guidance note 2)

IT ISN'T QUITE CLEAR WHY A HAIRDRESSING SALON NEEDS AN ALCOHOL LICENSE. HOWEVER IF THERE IS A NEED FOR THE CUSTOMERS TO DRINK THERE SHOULD BE CONSIDERATION FOR LOCAL RESIDENTS. DESPITE THE STREET BEING FULL OF SHOPS THERE ARE STILL RESIDENTS WHO LIVE IN PROPERTIES NEIGHBOURING THE COURTYARDS WHERE HAIRDRESSING CUSTOMERS WILL BUY & CONSUME ALCOHOL. INEVITABLY THIS WILL BE A NUISANCE AS FAR AS NOISE IS CONCERNED AND OVERBOARDING IN NATURE.

THERE SHOULD THEREFORE BE IN MY OPINION A REDUCTION IN LICENSING HOURS FROM THOSE APPLIED FOR TO SOMETHING MORE REASONABLE

MON - SAT. NOON - 6.00

SUNDAY\* CLOSED

THIS WOULD ALLOW THE SHOP TO GIVE CUSTOMERS AN ALCOHOL EXPERIENCE DURING THEIR HAIR APPOINTMENT AND AFFORD SOME PRIVACY FOR NEIGHBOURS WHO SHARE A BOUNDARY.

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.**

N/A



**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	10.07.2020
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.**

<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).