



15 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).....JANILE SMITTEN-DOWNES.....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 <p style="text-align: center;"><u>8 Woodgate, Rothley.</u></p>	
Post Town <p style="text-align: center;"><u>Leicester</u></p>	Post Code <p style="text-align: center;"><u>LE7 7LJ</u></p>
Name of premises licence holder or club holding club premises certificate (if known) <p style="text-align: center;"><u>SALON 45 OF ROTHLEY</u></p>	
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

SMITTEN-DOWNES

First Names

JANICE

I am 18 years old or over

Yes (Please Tick)

Current Address	22 SWITHLAND LANE, ROTHLEY		
Post Town	LEICESTER	Post Code	LE7 7SE

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)	

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 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)

The Prevention of Crime and Disorder
Public Safety There's very little parking in the village. People staying longer to have a drink will cause problems for others to shop at Bradley's (Grocers) the chemist and the post office, take aways etc. Other shops will be unable to have their customers park.
The Prevention of Public Nuisance The noise from people drinking out in the courtyard will be unbearable for those who live close by. It will be worse in the evening when sound travels and with drink people become louder.
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	9.7.20	9th July 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)	
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.