



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.

We (insert name) CHRIS + SUE CONLON 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 <u>8 WOODGATE</u> <u>ROTHLEY</u>	
Post Town <u>LEICESTER</u>	Post Code <u>LE1 7LJ</u>
Name of premises licence holder or club holding club premises certificate (if known) <u>SALON 45 HAIR LOUNGE</u>	
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

First Names

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

Current Address	35 NORTH ST ROTHLEY		
Post Town	LEICESTER	Post Code	LE17 7NN

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 | <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> THE GRANTING OF AN ALCOHOL LICENCE TO THIS PREMISES, WHICH IS SET UP MORE AS A BAR WITH OUTSIDE GARDEN PATIO RATHER THAN A HAIR SALON WILL CAUSE EXCESSIVE NOISE TO LOCAL RESIDENTS & CREATE MANY PARKING- & ACCESS PROBLEMS IN THE LANE TO THE REAR OF THE PROPERTY WHICH IS THE ONLY VEHICULAR ACCESS FOR RESIDENTS. GARAGES BEING BLOCKED BY UNKNOWN VEHICLES PREVENTING ACCESS & EGRESS TO & FROM THERE IS ALREADY A PROBLEM CAUSED BY PEOPLE VISITING WOODGATE PREMISES, ENCOURAGING EXTENDED PARKING TO VISIT A BAR WILL ONLY MAKE THIS EVEN WORSE DUE TO EXTENDED PARKING TIME & ALSO AFFECT OTHER: CO.N'T OVER
<b>The Protection of Children from Harm</b>

Please provide as much information as possible to support the representation

(Please read guidance note 2)

CONTINUED: LOCAL BUSINESSES WHO RELY ON SHORT TERM PARKING TO THEIR FRONTAGES TO SURVIVE.

NOISE FROM DRINKERS ON THE PATIO WILL AFFECT THE ABILITY FOR LOCAL RESIDENTS TO ENJOY THE TRANQUILITY OF THEIR GARDENS.

WHILST I DO NOT OBJECT TO SOMEONE HAVING A GLASS OF WINE WHILST HAVING A HAIR TREATMENT THE PREMISES IS SET UP AS A BAR WHY IS OUTSIDE SEATING & AN INDOOR BAR REQUIRED IF THIS BUSINESS IS A HAIR SALOON.

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	<i>L</i>	Date	<i>11/7/2020</i>
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).