



- 5 JUL 2021

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) Colin and Miranda Brookes **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 Beacon Café, Breakback Road, LE12 8TA	
Post Town Loughborough	Post Code LE12 8TA

Name of premises licence holder or club holding club premises certificate (if known) Leicestershire County Council
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Number of premises licence or club premise certificate (if known)
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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 checked="" type="checkbox"/> |

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

Mr Mr Mrs Mrs Miss Ms Other Title (for example, Rev)

Surname

Brookes

First Names

Colin and Miranda

We are 18 years old or over

Yes (Please Tick)

Current Address	30, Main Street Woodhouse Eaves Loughborough		
Post Town	Loughborough	Post Code	LE12 8RZ

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 | ✓ |
| 2. Public Safety | ✓ |
| 3. The Prevention of Public Nuisance | ✓ |
| 4. The Protection of Children from Harm | ✓ |

Please state the ground(s) for representation (please read guidance note 1)

The Prevention of Crime and Disorder

Consumption of alcohol in a busy public space can typically be linked to crime and disorder.

Public Safety

Public safety is put at risk when alcohol is consumed in public spaces. The public space involved is about peaceful, minimal risk, recreation in a noted Leicestershire area of outstanding natural beauty and site of scientific interest. The potential disturbance to flora and fauna is also of crucial significance as the application is for extending public activity generally and the type of activity in particular.

The Prevention of Public Nuisance

The concomitant likely increases in the accumulation of rubbish and litter – cans, bottles, cardboard, paper, plastic containers, etc., is likely inevitable, thereby contributing to public nuisance.

Recorded music can be especially problematic – one person's 'loud and offensive' can be another person's 'soft and calmly relaxing.'

The Protection of Children from Harm

Harms associated from all the above would be more rather than less likely. Examples would include inept, alcohol influenced vehicle manoeuvres – parking and leaving the site.

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?

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		Date	
Capacity	Representative		

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

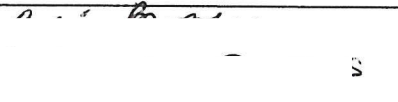
Telephone Number (if any)	
E-mail Address (optional)	

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.

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	28 June 2021
Capacity	Representative S		