

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).....PETER HARTLEY.....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 align="center">BEACON CAFE BREAKBACK ROAD WOODHOUSE EAVES</p> | |
| Post Town <p align="center">LOUGHBOROUGH</p> | Post Code <p align="center">LE12 8TA</p> |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of premises licence holder or club holding club premises certificate (if known) <p align="center">LEICESTERSHIRE COUNTY COUNCIL</p> |
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|----------------------------------------------------------------------------------|
| 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 checked="" 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 | 28 JUNIPER WAY | | |
| Post Town | LOUGHBOROUGH | Post Code | LE11 2QA |

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 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 |
| The Prevention of Public Nuisance DAMAGE SUFFERED BY THE PUBLIC ENVIRONMENTAL DAMAGE AND NOISE POLLUTION LOSS OF AMENITY OFFENSIVE PUBLIC BEHAVIOUR |
| The Protection of Children from Harm |

Please provide as much information as possible to support the representation

(Please read guidance note 2)

I HAVE CONCERNS THAT THERE WILL BE CONSIDERABLE DAMAGE TO THE NATURAL WILDLIFE ENVIRONMENT DUE TO NOISE POLLUTION AND INCREASING NUMBERS OF PEOPLE IN THE VICINITY OF THE CAFE, WITH THE INEVITABLE NEED TO INCREASE CAR PARKING AREAS WHICH WILL ENCROACH INTO THE SURROUNDING WOODLAND.

THE RISK OF PUBLIC BEHAVIOUR BECOMING OFFENSIVE WILL BE INCREASED IF AN ALCOHOL LICENSE WAS GRANTED.

I BELIEVE THAT THE LICENSE WOULD RESULT IN A LOSS OF AMENITY FOR THE PUBLIC WHO CURRENTLY USE THE PARK TO ENJOY THE NATURAL ENVIRONMENT WITH THEIR FAMILIES.

A LICENSE WOULD DAMAGE A LOVELY LOCAL ASSET.

Please
Tick ✓

Have you made any representation relating to these premises before?



If Yes, please state the date of that representation

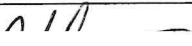
| Day | | Month | | Year | | | |
|-----|---|-------|---|------|---|---|---|
| 1 | 6 | 0 | 4 | 2 | 0 | 2 | 1 |

If you have made representation before relating to these premises please state what they were and when you made them.

MY PREVIOUS REPRESENTATION WAS THE SAME AS THIS REPRESENTATION AS, ALTHOUGH THE PRESENT APPLICATION MAY HAVE CHANGED, THE BASIS OF MY OBJECTIONS HAVE NOT.

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 | 23rd JUNE 2021 |
| 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.