



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) Robert and Margaret Lush.....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 Lower Beacon car park	
Post Town Loughborough	Post Code

Name of premises licence holder or club holding club premises certificate (if known) Charnwood Borough 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)
- 2) A member of the club to which this representation relates (please complete (A) below)
- 3) Other persons (Please complete (A) or (B) below) tick

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

Mr / Mrs / Miss Ms Other Title (for example, Re)

Surname

Lush

First Names

Robert and Margaret

I am 18 years old or over

Yes / (Please Tick)

Current Address	125 Maplewell Road Woodhouse Eaves		
Post Town	Loughborough	Post Code	LE12 8QY

Daytime contact telephone number

01509

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 | tick <input 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 The playing of music from 8am to 8pm in a local beauty spot and recreational area is inappropriate and will cause a nuisance to both local residents and all those visiting Beacon Hill Country Park
The Protection of Children from Harm

Please provide as much information as possible to support the representation

(Please read guidance note 2)

Beacon Hill Country Park is an attractive and peaceful area to which people come to escape noise and the bustle of everyday life. Whilst it is appreciated that funding is restricted because of the current impact of austerity the licence for any music is damaging to the purpose of a Country Park. For such an important local amenity that is appreciated by residents throughout Leicestershire and many beyond, the licencing of music is both damaging and detrimental. This application has not been given adequate publicity.

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	Robert and Margaret Lush	Date	5 July 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.