

# 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)wish to make representation in relation to am application that has been made in respect of the premises described in Part 1 below.					
PART	PART 1 – PREMISES OR CLUB PREMISES DETAILS				
	I Address of Premises or Club Premises, or iption	r if none, ordnance survey map referenc	e or		
The Be	eacon Cafe				
Post 7	Town P	ost Code			
	of premises licence holder or club holding tershire County Council	ciub premises certificate (if known)			
Numb	per of premises licence or club premise cert	tificate (if known)			
Numb	rei of premises incence of club premise cert	incate (ii kilowii)			
PART	2 - DETAILS OF PERSON MAKING REPRE	SENTATION			
		Please Tick ✓			
1)	A responsible authority (please complete (C)	below)			
2)	A member of the club to which this represent	ation relates (please complete (A) below)			
3)	Other persons (Please complete (A) or (B) be $\Box x$	elow)			

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)						
Mr Mrs x	Miss	Ms _	] o	other Title (for e	example,	Re ,
Surname		_	First Nam	ies		
Marjoram			Elizabeth			
I am 18 years old or ove	r	_		Yes		(Please Tick)
Current Address	4 Woodhouse Rd Quorn					
Post Town	Loughborough			Post Code	LE12 8E	:D
Daytime contact telephone number						
E-mail address (optional	)		k			
(B) DETAILS OF OTHE	R PARTY MAKING	REPRE	ESENTAT	ION (e.g Body	or Busin	iess)
Name and Address						
Talanhana Numahan /If as						
Telephone Number (If an E-Mail address (optional						
E-iviali address (optiorial	)					
(C) DETAILS OF RESP	ONSIBLE AUTHOR	RITY MA	KING RE	PRESENTATI	ON	
Name and Address						
Tolophono Number (If as						
Telephone Number (If a						
E-Mail address (optional)						

		Please Tick ✓
		TICK ¥
1.	The Prevention of Crime and Disorder	$\Box x$
2.	Public Safety	$\Box x$
3.	The Prevention of Public Nuisance	$\Box x$
4	The Protection of Children from Harm	$\sqcap_{\mathbf{Y}}$

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

This representation relates to the following licensing objective(s)

### The Prevention of Crime and Disorder

Long licence hours will increase the risk of anti social behaviour at this public facility with proposed 8am until 8pm all week long drinking hours, it is not served by public transport and will encourage drinking and driving

## **Public Safety**

The emotional and mental wellbeing of users of the Beacon is vital. This is a treasured facility for tranquil walks to appreciate nature and watch wildlife, this will not be safeguarded with this proposal

#### The Prevention of Public Nuisance

Dear Sirs I wish to record my objection to this licensing application on the grounds that nature is already sufficiently entertaining; these added entertainments would detract from the enjoyment of local people wishing to access and appreciate nature in peace and quiet, it would also adversely affect wildlife which will be discouraged or harmed by loud noises and rubbish. It would be a public nuisance in my opinion.

Sadly in an attempt to widen the appeal of the Beacon, the applicant is losing sight of its central purpose as a treasured local facility, to get people to take fresh air and exercise and enjoy nature – not sit on their bottoms even more, eating, drinking and smoking and making a lot of noise.

This location can already host events for a very significant number of days of the year using permitted development rights and temporary licence applications. They have not done so and there is no data or monitoring evidence to show what impact these events would have on users of the Beacon or the wildlife. The applicant should be required to utilise those rights in the first instance and to provide 12 months of data so that this application can be properly assessed given the importance and sensitivity of this site.

# The Protection of Children from Harm

I'm disappointed by the wide extent of the licensing application, The Beacon is very popular with young families, I really don't think it's fitting for a family facility to be serving alcohol all day long. If people want this they can take their children to a pub however most families do not want to take their children to a pub from 8am to 8pm because it's not appropriate for children to be around all day drinking. I think the proposal fails to safeguard children and provide appropriate environments for them to take important recreational activity.

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 b	efore?	
	Day	Month	Year
If Yes, please state the date of that representation			
If you have made representation before relating were and when you made them.	to these pr	emises plea	se state what they

## 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	EHM (signed electronically)	Date	28.6.21
Capacity	I am the 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		
	<u> </u>		
Telephone Number (if any)			
E-mail Address (optional)			

## **Notes for Guidance**

- 1. The ground(s) for representation <u>must</u> 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.