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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.

INfe (Insert name) RICHARP SILLETT. wish to make representation in relation to am 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		
OPERKERIK ROAD		
WEOPHOUSE EAVES		
WOOVFILLSO DIA		
LEI2 STA		
	Post Code	
Post Town		
Loubasorouch	LEIZ 8TA.	
	1	
Name of premises licence holder or club hold	ing club premises certificate (if known)	
BEALON CAFE (L	EICS. LOUNTY COUNCIL)	
Number of premises licence or club premise of	ertificate (if known)	
PART 2 – DETAILS OF PERSON MAKING REP	RESENTATION	
	· · · · · · · · · · · · · · · · · · ·	
	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, Re		
Surname	First Names		
SILLETT	RILHARD GART		
I am 18 years old or over	Yes V (Please Tick)		
Current Address 77	BEACON ROAP WOOPHOUSE EAVES		
Post Town	LOUGABOROUGA Post Code LE12 8RW		
Daytime contact telepho number	ne		
E-mail address (optional)			
(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g Body or Business)			

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Name and Address	
Telephone Number (If any)	

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address

E-Mail address (optional)

Telephone Number (If any)	
E-Mail address (optional)	×

This representation relates to the following licensing objective(s)

- 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 "ALCOHOL IS A FACTOR IN AROUND 391% of all VIOLENT CRIMES IN ENGLAND, AS WELL AS CONTRIBUT-ING TO PUBLIC DISORPOR + ANTI-SOCIAL BEHAVIDOR "SAY ALCOHOLCHANGE ORG. UK. BY ENCOURAGENT MORE ALCOHOL USE (ON'SALES 12hrs a day, 7 days), CRINE & PISORDER CAN ONLY INCREASE . **Public Safety** ALCOHOL IS A PROVEN FACTOR IN VIOLENT CRIMES. PARKING ISSUES WERE HIGHLIGHTED ON POPULAR DAYS PURING THE PANPEMIC - LONG QUEUKS ON BROAKBACK ROAD, LEADING TO BLIND OVER TAKING, FVEHILLES IN JON VERGES, PANGEROUSLY PARKER + PEPESTRIANS WALKING IN ROADS The Prevention of Public Nuisance BAS PARKING LOAPS TO HIGHWAY OBSTRUCTION ON SURROUNDING ROADS. NOISE FROM OUTPOOR RECORDED MUSIC (AGAIN, 7 PATS A WEEK) WASTE MANAGEMENT: VENUE TOILETS ARE RARELY FUNCTIONING AND PUBLIC TOILETS CLOSE AT 4PM. NO LITTER BINS / COLLECTION POINTS. The Protection of Children from Harm

Please Tick ✓

Please provide as much information as possible to support the representation (Please read guidance note 2) 35 there any evidence from the applicant that existing cope users are asking for alcohol provision? (Why 12 hours a day, every day?) Most visitors arrive by vehicle and the drivers should costainly not be encouraged to drink In my experience, coffice, tea and soft drinks are the main sales in the cafe, an alcohol offer might only be of interest for on event, could a weekend / evening lience not be more sailable? How would special events be stewarded / policed and by whom? OBJECTIVE 2 Adready, at busy times there are Highway abstructures porticularly on Break boch Road but also spilling on to Dearon Rd. Possible yellow lines and temporary signs about queing are ignored. Verge and destructive parking to avoid charges / waiting is often seen with no control, supervision or enforcement in evidence, This does not affect the staff or running of the cafe but on reverly import road users, locals and general visitars not coming to use the cufe. OBJECTIVE 3 it as there been any evidence of people requesting outdoor music? Outribe recorded music will revely affect all pork users in the mainty, not just those using the cope The existing sounds of nature are revely enough for most? Toilet provision needs to be rethought for any potential events after 4 pm. Waste management also needs addressing as volcunteer litter picks provide the only regular cleaning I am aware of CONCLUSION Having moved to this location specifically for the benefits of the country park, I am very diappointed by this attempt at explortation of the facility. An orea like Season Hill is very special It is the last refuge for many flora and found. For some folk, it has been a sancturry, a place for tronquility in there difficult times I connot see how this application will improve the essential. attraction of Beacon Hill or how it fits with Lac's Action for Nature BEALON HILL COUNTRY PARK,

THE CLUE IS IN THE NAME!

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Plea	se
Tick	\checkmark

Have you made any representation relating to these premises before? NO \square

If Yes, please state the date of that representation

	Day	Month	Year
l			

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	4 7 21
Capacity	Locar	RESIDENT	+ PARK (and cofe	-) VISITOR.

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) with this representation. (Please read guidance)	and address fo e note 5)	or correspondence	associated
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.