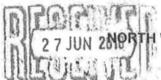
APPENDIX 7



H WEST LEICESTERSHIRE DISTRICT COUNCIL LICENSING ACT 2003

NORTH WEST LEICESTERSHIRE

26 JUN 2018

REPRESENTATION FORM CUSTOMER SERVICE

Your name/organisation name/name of body you REPORTES. KERRY represent Organisation name/name of body MIA you represent (if appropriate) Your Postal address LEGT 3PL Name of the premises you are HALF WAY HOUSE making a representation about Address of the premises you are BELVOIR ROAD, COALVILLE, making a representation about

What are you making a representation about?

Please indicate which part of the licence/certificate application you are making a representation about (i.e. Terminal hours, and music and dancing on Friday and Saturday night)

TERMINAL HOURS, NOISE

Your representation must relate to one of the four Licensing Objectives

Licensing Objective

Please provide full details of your concerns regarding the application and include any evidence you may have in support of it.

Please use separate sheets if necessary

To prevent crime and disorder

Public safety

The Hours Applied Fol the externity LATE IN THE LOCK DATA IF THERE IS ALT OF NOISE IT WILL CREATE SEEP ISSUES AND IMPRETED LOCK THE NOISE FROM IMPRETED LOCK THE NOISE FROM PROPERTY AND PROPERTY AND PROPERTY CARST NOISE FROM THIS TO PARKING WHICH IS ALRAM.

Please suggest any conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account

LIMITING THE LICENSE HOURS
ESPICALLY IN THE WEEK. CREATING A
SPECIFIC SHOKING AREA AND ENSURING
THIS DOESN'T CLEATE NOSE POLLUTION
WHEN PEOPLE ARE IN IT. ENSURE THE
PROPERTY HAS PARKING FOR ALL QUESTS.

Signed:

ate: 25th JUNE 2018

Capacity

NOT FOR PUBLICATION

Your e-mail address	30	154	7
Your contact telephone number	1000		

SUPPORTING NOTES

If you do make a representation you will be invited to attend a meeting of the Licensing sub Committee and any subsequent appeal proceeding. If you do not attend, the Committee will consider any representations that you have made.

This form must be returned within the Statutory Period, which is 28 days from the date the notice was displayed on the premises or the date specified in the Public Notice in the newspaper. Please contact the Licensing Section on 01530 454556 if you are in doubt about the date.

They can only relate to the four licensing objectives.

Your representation will be passed to the applicant, to allow them the opportunity of addressing your concerns. Your representations will be published in the report available to the Licensing Sub-Committee, which will be publicly available. Names and addresses will only be withheld from the Sub-Committee report at your request. Email addresses and contact telephone numbers will not be publicly available.

Responsible authorities or any other person may make representations against any application before the relevant date. Any representations must be made in writing and it is an offence knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction of this offence is £5,000.

Please return this form when completed along with any additional sheets to:

Legal and Support Services
Licensing
North West Leicestershire District Council
Council Offices
Coalville
Leicestershire
LE67 3FJ

email to licensing@nwleicestershire.gov.uk

Tel: 01530 454545 Fax: 01530 454574