

REPRESENTATION FORM

Your name/organisation name/name of body you represent	MR & MRS P. WILLIAMSON
Organisation name/name of body you represent (if appropriate)	
Your Postal address	[REDACTED]
Name of the premises you are making a representation about	EX. HALFWAY HOUSE PUBLIC HOUSE.
Address of the premises you are making a representation about	BELVOIR ROAD COALVILLE.

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)

MUSIC, ENTERTAINMENT LICENCE MONDAY TO SUNDAY TILL 1AM.

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	ALL DAY DRINKING ETC CAN ONLY LEAD TO DISORDER AND OTHER PROBLEMS SOCIAL & OTHERWISE.
Public safety	WE HAVE JUST MOVED INTO OUR HOUSING ASSOCIATION BUNGALOW, FOR THE ELDERLY + DISABLED. WE HAVE MOVED MAINLY BECAUSE OF LOUD MUSIC, MUSIC IN CARS, DRUG USE IN THE AREA WHERE WE ONCE LIVED. POLICE
To prevent public nuisance	WHEN VISITING HOUSES/PEOPLE ON A REGULAR BASIS, DRUNKS DRIVING CARS INTO FENCES ETC ETC, LOUD BAD LANGUAGE AND NO RESPECT FOR PEOPLE OR PROPERTY, WE DONT WANT TO SPEND THE REST OF OUR LIVES IN OUR
To protect children from harm	NEW HOME WITH THREAT OF ALL THE ABOVE HAPPENING AGAIN. ALSO THE IMPACT OF THESE THINGS HAPPENING AFFECTING CHILDREN GROWING UP WITHIN THE LOCAL VICINITY/AREA.

Please suggest any conditions that could be added to the licence to remedy your representation or other suggest Licensing account	CANCEL OR REDUCE HOURS OF LICENCE DRINKING. * AFTER ALL ITS ONLY GOING TO BE A "BED BREAKFAST" - ISN'T IT? OR DO WE NEED TO BE KNOWING FURTHER INFORMATION TO THE USE OF THE PROPERTY.
--	--

Signed: [REDACTED]

Date: 26/06/18.

Capacity: MY WIFE & I ARE TENANTS OF OUR BUNGALOW.

NOT FOR PUBLICATION

Your e-mail address

Your contact telephone number

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