

REPRESENTATION FORM

Your name/organisation name/name of body you represent	MRS PAULINE HEIGHTON
Organisation name/name of body you represent (if appropriate)	N/A
Your Postal address	[REDACTED]
Name of the premises you are making a representation about	THE HALFWAY HOUSE
Address of the premises you are making a representation about	128 BELVOIR RD COALVILLE LE67 3PQ

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)
ENTERTAINMENT FROM 07.00 TO 01.00 MONDAY TO SUNDAYS. LATE NIGHT REFRESHMENTS 23.00 TO 01.00 MONDAY TO SUNDAYS LICENSABLE ACTIVITIES ON SPECIFIC OCCASIONS.

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, AND LATE NIGHT/EARLY MORNS DRINKING IS A BOILING POINT FOR FIGHTING, ABUSIVE LANGUAGE, URINATING IN PUBLIC
Public safety	AS ABOVE. I AM ELDERLY AND DISABLED I FEEL SAFE AT HOME. I FEEL VULNERABLE AND ANXIOUS ABOUT THE HALFWAY HOUSE I FEAR I SHALL BE A TARGET FOR DRUNKS.
To prevent public nuisance	MY RIGHT TO PEACEFUL ENJOYMENT OF MY HOME WILL BE DISRUPTED BY LATE NIGHT, ALL DAY, EARLY MORNING NOISE.
To protect children from harm	

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.	DONT GRANT THE LICENSE AT ALL YOU WILL DESTROY A PEACEFUL HAVEN FOR THE RESIDENTS.
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Signed: [REDACTED]

Date: 27/6/18

Capacity:

NOT FOR PUBLICATION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