

REPRESENTATION FORM

|   |  |
|---|--|
| Your name/organisation name/name of body you represent        | KAREN FERRIE   |
| Organisation name/name of body you represent (if appropriate) | ROSEDALE CARE HOME LTD   |
| Your Postal address   | 4 VICARAGE STREET WHITWICK<br>LEICESTERSHIRE LE67 4JJ          |
| Name of the premises you are making a representation about    | AS ABOVE   |
| Address of the premises you are making a representation about | THREE CROWNS PUB, 23A MARKET PLACE WHITWICK, COALWICK LE67 5DT |

**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)

OPENING OF THE PUBLIC HOUSE, NOISE, VIOLENCE DISGUSTING BEHAVIORS.

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.<br>Please use separate sheets if necessary |
|-------------------------------|---|
| To prevent crime and disorder | FIGHTING OUTSIDE THE PUB WHICH OUR CARE HOME IS AJACENT TO OUR WINDOWS GETTING BROKEN. TRESPASSING ON CARE HOME PROPERTY  |
| Public safety                 | BROKEN GLASSES IN THE STREET, TRYING TO FIGHT OUR STAFF. FIGHTING RESIDENTS OF THE STREET.  |
| To prevent public nuisance    | NOISE, VIOLENCE, DISRUPTION   |
| To protect children from harm | FAMILIES ON THE STREET WITH YOUNG CHILDREN THAT ARE SCARED.   |

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|--|---|
| 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. | EITHER A CURFOW, SECURITY OR DO NOT OPEN AS A PUB FOR LATE AT NIGHT. WHY NOT MAKE IT A RESTAURANT |
|--|---|

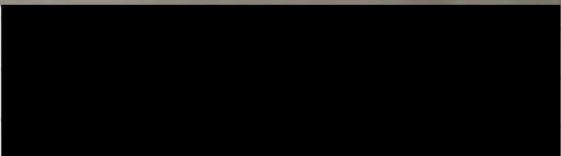
Signed:

Date:

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NOT FOR PUBLICATION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.

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

Licensing  
North West Leicestershire District Council  
Council Offices  
Coalville  
Leicestershire  
LE67 3FJ

Email to [licensing@nwleicestershire.gov.uk](mailto:licensing@nwleicestershire.gov.uk)

Tel: 01530 454545  
Fax: 01530 454574