

Anonymously Please

NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL
LICENSING ACT 2003

REPRESENTATION FORM

Your name/organisation name/name of body you represent	[REDACTED]
Organisation name/name of body you represent (if appropriate)	NEIGHBOUR.
Your Postal address	[REDACTED]
Name of the premises you are making a representation about	ASHBY LUANHOE FOOTBALL CLUB.
Address of the premises you are making a representation about	LOWER PACKINGTON ROAD ASHBY DELA ZOUCH

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)

We have no objections to a football ground, but we don't want a Pub in our back garden.

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	If alcohol is available all day, it's only going to be a recipe for trouble.
Public safety	It's one dangerous road, at a bad junction with cambrian way.
To prevent public nuisance	Parking on match day is in short supply and cars are parked on the road side and grass verges and pavements.
To protect children from harm	When there are lots of cars about it increases the danger to all people especially children.

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.	It should be a license for a sports club, not turning it self into an unneeded pub.
--	---

Signed:

Date:

NOT FOR PUBLICATION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:

Community 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