

**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)	—
Your Postal address	[REDACTED]
Name of the premises you are making a representation about	ASHBY IVANHOE FOOTBALL CLUB.
Address of the premises you are making a representation about	LOWER PACKINGTON RD, ASHBY LESS ITS

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)

EXTENSION OF ALCOHOL SALES
" OF LIVE AND RECORDED MUSIC INSIDE AND OUTSIDE THE PREMISES.

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	THIS IS A FOOTBALL CLUB. IT SHOULD NOT BE A NIGHTCLUB OR DRINKING/DANCING VENUE, THIS COULD ATTRACT UNRULY CUSTOMERS WHO MIGHT CAUSE A BREACH OF THE PEACE.
Public safety	DRINK DRIVING POSSIBILITIES AND DRINK FUELLED DANGEROUS PARKING.
To prevent public nuisance	WE ALREADY SUFFER THUMPING MUSIC AND DESPITE HAVING DOUBLE GLAZING WE FIND IT A NUISANCE, MORE AND LATER MUSIC WOULD BE INTOLERABLE. PARKING NUISANCE WILL ALSO BE INCREASED
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.	
--	--

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NOT FOR PUBLICATION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

PLEASE ~~DATA~~ WITHOLD MY NAME AND ADDRESS,
THANK YOU. 