

**NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL  
LICENSING ACT 2003**

**Appendix 7**

**REPRESENTATION FORM**

<b>Your name/organisation name/name of body you represent</b>	CVS (UK) Limited CVS House, Owen Road, Diss Norfolk IP22 4ER
<b>Organisation name/name of body you represent (if appropriate)</b>	
<b>Your Postal address</b>	IP22 4ER
<b>Name of the premises you are making a representation about</b>	Dovecote Veterinary Hospital
<b>Address of the premises you are making a representation about</b>	5 Delven Ln, Castle Donington, Derby DE74 2LJ

<b>What are you making a representation about?</b>
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)
<b>LICENSE APPLICATION REFERENCE: 21/00471/PREM - SPAR, DELVEN LANE, CASTLE DONINGTON, DERBY, DE74 2LJ</b>
The licence as a whole.

Your representation must relate to one of the four Licensing Objectives

<b>Licensing Objective</b>	<b><i>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</i></b>
<b>To prevent crime and disorder</b>	Please see attached letter
<b>Public safety</b>	Please see attached letter
<b>To prevent public nuisance</b>	Please see attached letter
<b>To protect children from harm</b>	Please see attached letter.

<b>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.</b>	<b>None.</b>
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Signed:

**Wafaa Syed**

Date: **24<sup>th</sup> August 2021**

Capacity: **In-house Solicitor**

**NOT FOR PUBLICATION**

<b>Your e-mail address</b>	
<b>Your contact telephone number</b>	

**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](mailto:licensing@nwleicestershire.gov.uk)

Tel: 01530 454545  
Fax: 01530 454574