

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

REPRESENTATION FORM

Your name/organisation name/name of body you represent	Jayne Orme
Organisation name/name of body you represent (if appropriate)	
Your Postal address	30, Borough Street, Castle Donington, Derby, DE74 2LA
Name of the premises you are making a representation about	The Flag
Address of the premises you are making a representation about	32, Borough Street, Castle Donington, Derby, DE74 2LA

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)
I'm making a representation about the licence application as a whole.

Your representation must relate to one of the four Licensing Objectives

Licensing Objective	<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>
To prevent crime and disorder	
Public safety	
To prevent public nuisance	Please see attached
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.	
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Signed: Jayne M. Orme

Date: 1st April 2024

Capacity: Neighbour

NOT FOR PUBLICATION

Your e-mail address	[REDACTED]
Your contact telephone number	[REDACTED]

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
PO Box 11051
Coalville
Leicestershire
LE67 0FW

Email to licensing@nwleicestershire.gov.uk

Tel: 01530 454545