

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

**REPRESENTATION FORM**

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

<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>	
<b>Public safety</b>	
<b>To prevent public nuisance</b>	Please see attached
<b>To protect children from harm</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.**

Please see attached

Signed: Jayne M. Orme

Date: 11th August 2024

Capacity: Neighbour

**NOT FOR PUBLICATION**

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