

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

**REPRESENTATION FORM**

<b>Your name/organisation name/name of body you represent</b>	Claire Farrand-Preston (Neighbour)	
<b>Organisation name/name of body you represent (if appropriate)</b>		
<b>Your Postal address</b>		
<b>Name of the premises you are making a representation about</b>	Pizzeria Fiamma, 3 Goodyear Grove, Castle Donington, DE74 2WL	
<b>Address of the premises you are making a representation about</b>	Pizzeria Fiamma, 3 Goodyear Grove, Castle Donington, DE74 2WL	

<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)
The alcohol licence application for the proposed pizza delivery business (separate application)

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>	The proposed business would involve increased traffic on our narrow, quiet street, which consists of only five houses.
<b>To prevent public nuisance</b>	The continual movement of delivery vehicles during late hours, potentially until after 9PM as this is the last delivery order time, will disrupt the peace and quiet that residents currently enjoy.
<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.**

**It is not appropriate to have this type of business running from a back garden in a quiet residential area, which is considered family and OAP friendly**

Signed: Claire

Date: 28/07/2025

Capacity: Neighbour

## NOT FOR PUBLICATION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:

Licensing  
North West Leicestershire District Council  
PO Box 11051  
Coalville  
Leicestershire  
LE67 0FW

Email to [licensing@nwleicestershire.gov.uk](mailto:licensing@nwleicestershire.gov.uk)

Tel: 01530 454545