



## SOUTH DERBYSHIRE DISTRICT COUNCIL

### Licensing Act 2003

#### Representation by an Interested Party

**Note:** Please be aware that this form may be viewed by the Applicant or by a representative of the Applicant. It may also be read out in public at the sub-committee hearing.

Before completing this form please read Guidance Note - *Representations by Interested Parties*. Details of where this can be obtained are set out to the bottom of this form.

An interested party can make representations against a relevant licence application. Representations may be made on behalf of the above by a representative e.g. MP, solicitor, or a friend.

Please indicate in which capacity you are making this representation by ticking a box below:

- A individual person
- A body representing an individual person
- A person involved in a business
- A body representing a business

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

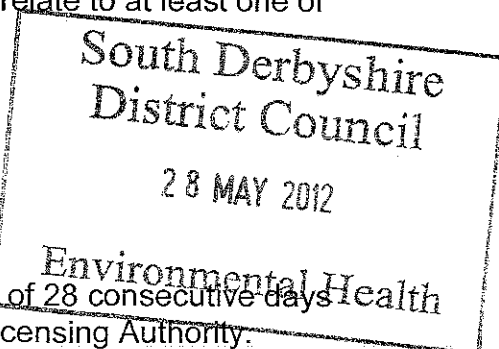
*To be ~~unanimous~~ have identity to be known*

Representations are only relevant to an application if they relate to at least one of the four **Licensing Objectives** listed below:

1. **The Prevention of Crime and Disorder**
2. **Public Safety**
3. **Prevention of Public Nuisance**
4. **The Protection of Children from Harm**

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to the Licensing Authority.

In the case of a closure order issued by the Police, representations may be made during the seven days that follow relevant notice being given to the Local Authority by the Magistrates Court, starting on the day after the day the notice was received.



Please enter your contact details below: -

Name:	
Address:	
Postcode:	
Tel:	
E-mail:	

Please confirm name and address of person or business affected in the vicinity, if different from the address given above: i.e. this could be a shop premise in the vicinity but you do not live at the shop premises.

Name:	
Address:	
Postcode:	

Address of premises in application causing concern, which you wish to make a representation about

Name of Applicant:	WILLINGTON SPORTS BAR
Address of Premises	TYWARD ROAD WILLINGTON DERBYSHIRE
Application Details:	

Please give details of your representation in the box below. Indicate which of the Licensing Objectives your representation refers to by ticking the relevant box/es:

- The Prevention of Crime and Disorder
- Public Safety
- Prevention of Public Nuisance
- The Protection of Children from Harm

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Details of representation.....

~~14/2/11~~

① The Prevention of Crime + Disorder.

Fighting + Low level incidents in would occur as in the Past!! - ~~The~~ Solution is reduce Licensing hours. 12.00 am Mon - Sunday

② Public Safety - To drink to get home  
To ensure no-one who is intoxicated should be abundant to keep drinking.

③ Prevention of Public Nuisance

The sound of music is coming from Willington Sports Bar. The windows are not shut + restrictions are not being upheld.

Solution regular inspections + noise monitoring devices

Representation continued.....

If possible please suggest alterations to the application that would resolve the problem mentioned above, again paying attention to the licensing objectives

KEEP TO THE ~~DEA~~ EXISTING TIMES ABOVE.  
TO HONOR THE TERMS OF RESTRICTIONS

Continued.....

Once the Licensing Section has received this form you will receive a written acknowledgement and you may be contacted to discuss the issue prior to any referral to a sub-committee hearing.

Please tick this box if you consent to any notice of any hearing being sent to you to the e-mail address provided by you above. ☒

Please tick this box if you do not intend to attend or be represented at any hearing. ☐

If you wish to withdraw any representations you may do so confirming this in writing to the address given below, providing you do so no later than 24 hours before the any hearing, or otherwise orally at the hearing.

Signed: .....

PRINT NAME: .....

Date: ..... 20<sup>th</sup> MAY 2012 .....

Please return this form to the following address:

South Derbyshire District Council  
PO Box 6927  
Civic Offices  
SWADLINCOTE  
DE11 0AH

