



South Derbyshire
District Council

29 MAY 2012

Environmental Health

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 person living in the vicinity of the premises ☒
- A body representing a person in the vicinity of the premises ☐
- A person involved in a business in the vicinity of the premises ☐
- A body representing a business in the vicinity of the premises ☐

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:	DERBY'S DE65 6DN
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 CLUB
Address of Premises	TWYFORD ROAD WILLINGTON
Application Details:	EXTENSION TO ORIGINAL OPENING HOURS

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 type="checkbox"/>

Representation continued.....

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

① THE PREVENTION OF CRIME DISORDER
SOLUTION

TO LEAVE THE EXISTING LICENSING TIMES.
REGULAR INSPECTION OF CONDITIONS WHICH AT
PRESENT TIME ARE NOT BEING MET I.E.
18TH MAY 2012 LOUD NOISE COMPLAINT
25TH MAY 2012 " " "
SPECIAL EVENT

INSPECTION BY NOISE ENVIRONMENT +
LOCAL POLICE.

② PUBLIC SAFETY

REGULAR INSPECTION BY ^{POLICE} ~~POLICE~~ + ENVIRONMENTAL
AGENCY. AGAIN KEEP TO EXISTING TIMES

③ PREVENTION OF PUBLIC NUISANCE

TO KEEP TO CONDITIONS AND REGULAR CHECK
TO SEE IF CONDITIONS ARE BEING MET
BY POLICE + ENVIRONMENTAL AGENCY.

TO KEEP TO EXISTING TIMES
AND DO NOT EXCEED 12.00 AM

Details of representation.....

① The Prevention of Crime + Disorder

Low Level of VANDALISM

OCCASIONAL FIGHTING.

NOISE: HIGH LEVEL NOISE.

② PUBLIC SAFETY

To inspect AREA of QUESTION. BY POLICE

OCCASIONAL FIGHTING

POSSIBLE DRUG TAKING.

③ PREVENTION OF PUBLIC NUISANCE.

GROUPS OF PEOPLE (INTOXICATED) MAKING NOISE
+ FOUL LANGUAGE.

CREATES LITTER.

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: 29/5/2012

Please return this form to the following address:

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

