



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:	Mr. & Mrs. A.G. Orme.
Address:	1 Stanhope Glade, Ashby Road, Bretby, Burton upon Trent, DE15 0QT..
Postcode:	DE15 0QT.
Tel:	01283 217265.
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:	N/A
Address:	
Postcode:	

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

Name of Applicant:	Chesterfield Arms P.H.
Address of Premises	Ashby Road, Bretby, Burton upon Trent.
Application Details:	To vary the existing current liquor licence.

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

Details of representation.....

Since the residential development on the car park of the former N.C.B. Research Centre the Chesterfield Arms P.H. is bounded by residential property.

Clearly if the Public House is allowed to remain open into the small hours in the morning the peace of the occupants of the nearby houses will be disturbed by vehicles and people arriving at and departing from the area at that time in the morning, plus the increased risk of crime and disorder caused by people being able to obtain alcoholic beverage for a longer period.

Representation continued.....

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

Opening hours and licence conditions to remain as they are at present.

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: A G Orme L D Orme

PRINT NAME: Mr. A.G. and Mrs. L.D. Orme

Date: 27th. July 2005

Please return this form to the following address:

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

Licensing Section,
Civic Offices, Civic Way, Swadlincote Derbyshire DE11 0AH
01283 595

