

REPRESENTATION FORM FROM RESPONSIBLE AUTHORITIES

Responsible Authority (please delete as applicable):

Police / Fire / Environmental Protection / Health and Safety / Child Protection / Trading Standards/ Planning Authority / Licensing Authority / Health Authority

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|---------------------------------|--|
| Name | Kelvin Hannah |
| Job Title | Police Officer (Licensing) |
| Postal and email address | St Mary's Wharf Police Station. Wyatts Way, Derby. |
| Contact telephone number | 0300 122 5643 |

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|--|-------------------------|
| Name of the premises you are making a representation about | Off Licence |
| Address of the premises you are making a representation about | 17 Union Road, Newhall. |

| <i>Which of the four licensing objectives does your representation relate to?</i> | <i>Yes Or No</i> | <i>Please detail the evidence supporting your representation. Or the reason for your representation. Please use separate sheets if necessary</i> |
|---|--------------------------|--|
| To prevent crime and disorder | x | |
| Public safety | x | |
| To prevent public nuisance | x | |
| To protect children from harm | x | |

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| Suggested 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 use separate sheets where necessary and refer to checklist. | Conditions have been agreed with Applicants legal team at Fraser Brown. Providing these are implemented in full then there will be no objections from the Police. I have forwarded these conditions to SDDC Licensing already. |
|---|---|

Signed:

Date:

Please return this form along with any additional sheets to the Licensing Section, South Derbyshire District Council, Council Offices, Civic Way, Swadlincote, Derbyshire, DE11 0AH or email to licensing@south-derbys.gov.uk This form must be returned within the statutory period. For more details please check with the Licensing Office on 01283 595 716/890/724