



SOUTH DERBYSHIRE DISTRICT COUNCIL

Licensing Act 2003

Representation by an 'Other Person' as defined by the Act

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.

You may request that the Licensing Authority withholds some or all of your details, however, the withholding of details will only be considered in exceptional circumstances where the Licensing Authority believes there to be a genuine and well-founded fear of intimidation. Any person who wishes the Licensing Authority to consider withholding their details is advised to contact the Licensing Department prior to submitting this form.

Your personal details will be redacted in the Licensing and Appeals Sub-Committee report.

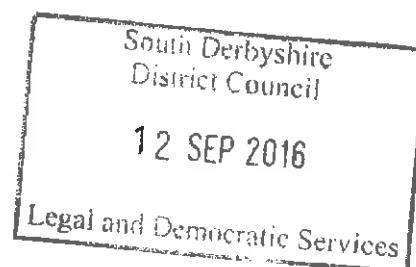
An 'other person' can make representations against a relevant licence application. Representations may be made on behalf of the above by a representative e.g. MP, solicitor, or a friend.

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

- An individual person
- A body representing a person e.g. Solicitor
- A person involved in a business
- A body representing a business

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



- **The Prevention of Crime and Disorder**
- **Public Safety**
- **Prevention of Public Nuisance**
- **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. This period is reduced to 10 working days for minor variations applications.

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 Licensing 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 K. WATSH
Address:	14 BEECH AVE MELBOURNE
Postcode:	DE 73 8FA
Tel:	
E-mail:	

Please confirm the name and address of person, represented person or business affected, if different from the address given above i.e. this could be a shop premises 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:	MRS E H DEVEY SMITH
Address of Premises	AMALFI WHITE 50 DERBY RD MELBOURNE
Application Details:	EXTENSION OF LICENSING HOURS.

Please give details of your representation and evidence supporting your representation in the box below. Indicate which of the licensing objectives your representation refers to by ticking the relevant box/es:

Details of representation (please use additional sheets where necessary)

We strongly object to the application submitted by Mrs E.H. Debey on behalf of the Amalfi White to increase the hours during which alcohol can be served + entertainment provided on Thursday, Friday Saturday + Sunday

The current hours already cause a considerable amount of disturbance to the local residents; to increase the hours would exacerbate the problem as it could become a magnet to others wishing to extend their drinking time.

The Amalfi White is in the heart of a residential area, any extension of the permitted hours can only be detrimental to the well-being of the residents. To most people extending the hours would be irresponsible + show a lack of consideration.

Once the Licensing Section has received this form you will receive a written acknowledgement. Your representation will be forwarded to the applicant and/or their representative who may contact you in order to discuss your representations.

This form must be received by the Licensing Authority within the statutory representation period.

Signed: S. Walsh K. Walsh

PRINT NAME: S. WALSH K. WALSH

Date: 9th Sept 2016

Please return this form to the following address:

South Derbyshire District Council
Licensing Section
Civic Offices
Civic Way
SWADLINCOTE
DE11 0AH

Or by email licensing@south-derbys.gov.uk

