

RECEIVED  
13 JUN 2016  
LICENSING



LICENSING AUTHORITY  
Environment Services, Chesterfield Borough Council, Customer Service Centre, 85  
New Square, Chesterfield, S40 1AH Tel: 01246 345230

Representation Form

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We [REDACTED] ..... wish to make a representation in relation to an application that has been made in respect of the premises described in Part 1 below

Part 1 – Premises or club premises details

Postal address of premises or club premises, or if none, ordnance survey map reference or description

BRAMPTON ROVERS  
NEWBOLD BACK LANE  
NEWBOLD CHESTERFIELD

Post town CHESTERFIELD

Post code (if known) S40 4RW

Name of Premises Licence holder or Club holding Club Premises Certificate (if known)

/

Number of Premises Licence or Club Premises Certificate (if known)

/

**Part 2 – Representer details**

**(A) DETAILS OF INDIVIDUAL REPRESENTOR (fill in as applicable)**

Mr  Mrs  Miss  Ms  Rev)  Other title (for example, )

Surname  First names

Please tick  yes

I am over 18 years old or over

Current postal address if different from premises address

SKIDDAW CLOSE  
BROCKWELL

Post town  Postcode

CHESTERFIELD

S404RP

Daytime contact telephone number

Email address (optional)

**(B) DETAILS OF OTHER REPRESENTOR (Business, Residents Association etc)**

Name and address	<input type="text"/>
Telephone number (if any)	<input type="text"/>
E-mail address (optional)	<input type="text"/>

This Representation relates to the following licensing objective(s)

Please tick one or more boxes ✓

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

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

Please state the ground(s) for making the Representation (please read guidance note 1)

**The Prevention of Crime and Disorder**

THE LOCAL PUBS I.E. NAGS HEAD AND THE OLDE HOUSE - WELL RUN - ARE SUFFICIENT IN THIS AREA.

**Public Safety**

OUR OVERSTRECHT POLICE WOULD BE CALLED UPON TO CONTROL LARGE GROUPS OF PEOPLE ON LAND THAT WAS TO BE USED FOR SPORTS ONLY.

**The Prevention of Public Nuisance**

IT WOULD BE A NUISANCE TO LOCAL RESIDENTS - LOUD MUSIC LATE AT NIGHT

**The Protection of Children from Harm**

THE FOOTBALL GROUND IS SUPPOSED TO BE TO ENCOURAGE YOUNG PEOPLE IN SPORT NOT CONSUMING ALCOHOL.

Please use this box if you wish to provide further details, additional sheets can be used if necessary.

AS AN OLD AGE PENSIONER  
I HOPE YOU UNDERSTAND  
THAT THE ACTIVITIES  
PROPOSED WOULD  
DISRUPT ~~MY~~ MY LIFE  
AND MANY IN THIS AREA.  
A VERY NICE RESIDENTIAL  
AREA OF CHESTERFIELD.  
THEREFOR I OBJECT.  
TO THE PROPOSED SCHEME.


**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 3 – Signatures (please read guidance note 2)**

**Signature of Representer or Representer’s Solicitor or other duly authorised agent (please read guidance note 3). If signing on behalf of the Representer please state in what capacity.**

Signature 

Date 10 . 6 . 16 .

Capacity 

**Please Note – Your address will be a matter of public record, if the application to which this Representation relates is referred to the Licensing Committee to determine at a Hearing.**

<b>Contact name (where not previously given) and postal address for correspondence associated with this Representation (please read guidance note 4)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

**Notes for Guidance**

1. The Representation must be based on one or more of the licensing objectives. Please list any additional information or details for example dates of problems if available.
2. The Representation form must be signed.
3. A Representer’s agent (for example Solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. This is the address and contact details which we shall use to correspond with you about this Representation.