



**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 ..... 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**

5 BRECKLAND ROAD  
WALTON

**Post town** CHESTERFIELD

**Post code (if known)** S40 3LJ

**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 – Representor 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

Post town

Daytime contact telephone number

Email address (optional)

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

Name and address

Telephone number (if any)

E-mail address (optional)

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

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

**The Prevention of Crime and Disorder**

**Public Safety**

**The Prevention of Public Nuisance**

Opening Hours until 22:30 Monday to Saturday and 22:00 on Sundays, plus 01:00 Christmas Day and 02:00 New Year's Day.

Main concern is noise late into the evening when people close by are trying to sleep. Noise referring to loud voices chatting and laughing, particularly outdoors.

**The Protection of Children from Harm**

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

From the Planning Application the nearby residents learned of the Applicant's business plan, which included intentions for opening hours. The pub would likely be closed on Mondays and Tuesdays, potentially Wednesdays, would open until 20:00/21:00 on Thursdays & Fridays, 19:00/20:00 on Saturdays and 19:00 on Sundays. The Planning Department seemed to be happy with these intentions. Nearby residents also seemed happy with the compromise. The Applicant has now applied for Licensing hours of 11:00-22:30 Monday to Saturday and 22:00 on Sundays, plus 01:00 Christmas Day and 02:00 New Year's Day. These hours do match the intentions given to the Planning Department. I presume this is to give the Applicant flexibility to open longer hours if there is a demand to do so.

It is possible for the pub customers to wish to drink outdoors, particularly in the summer months, congregating at the front of the pub or on the public footpath to the side. In the later part of the evening when it is usually very quiet, loud voices chatting and laughing would particularly be heard by residents on Breckland Road and the top of Foxbrook Court. The Applicant suggested he would direct smokers to the back yard, which is used for deliveries and shared by the other units. Loud voices chatting and laughing would be heard by residents on Foxbrook Court and The Way. I do not believe the perimeter wall would contain the sound. Some residents have queried whether this meets with Health & Safety regulations and also the security of the other units as this has not been made clear.

I am not against customers chatting and enjoying themselves, but when it occurs very close to your bedroom window at a time of night when the area is very quiet and you are trying to sleep, the sound is amplified and becomes a nuisance. There are children in the area and adults who have to get up early for work, so value a good night's sleep. If the Applicant's requested opening hours are granted, the pub could open every night and hence the residents' sleep disturbed every night. There is also the possibility that customers will remain outside the pub after closing time to stand and chat.

There are residents in the area that chose to live in Walton because it is quiet at night. Anti-social behaviour has been a problem in the past, but this seems to have been dealt with by the Police and is rarely a problem now. I would be happy with the Applicant's intentions submitted to the Planning Department and would be satisfied if he could be formerly held to this.

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 .....

27<sup>th</sup> March 2017.

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.**

**Contact name (where not previously given) and postal address for correspondence associated with this Representation** (please read guidance note 4)

**Post town**

**Post code**

**Telephone number (if any)**

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**

**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.