


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.

Iwish 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 Rd, Walton, Chesterfield, S40 3LJ

Post town Chesterfield

Post code S40 3LJ

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

Applicant : Mr S Eyre

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

Post town

Postcode

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

Limitation of opening hours to 2100 Hrs as a maximum all year round to prevent nuisance to a largely residential and quiet area with young children.

Installation of CCTV to monitor the "youth" issue in the surrounding area.

The Protection of Children from Harm

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

The Applicant published their business plan after opposition to the planning application which roughly stated openings hours of approx. 4/5 days per week with early evening opening on weekdays and daytime opening at weekends with a closing time of approx. 2000-2100 Hrs.

The application is therefore different to this business plan and I feel that since planning has already been approved then it seems only right that the licensing hours are limited to this business plan to allay fears in the local community.

Derbyshire Police also sent a letter of concern during the planning approval phase also noting concerns over the opening hours in a residential area and the inclusion of CCTV.

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

Signature

Date 10th April 2017

.....

Capacity ...Representor

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)	
See Above	
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) : See Above	

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 Representor’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.