

Appendix 4

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.

We NOREEN COMPTON 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

THE CRAFTY DOG  
261 CHATSWORTH ROAD

RECEIVED  
25 SEP 2017  
LICENSING

ENTERED ON LALPAC 25/9/17

Post town CHESTERFIELD

Post code (if known) S40 28L

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

ANDREW ROBERT WATTERSON

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  Other title (for example,  Rev)

Surname COMPTON First names NOREEN ~~COMPTON~~

I am over 18 years old or over  Please tick  yes

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 checked="" 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)

*We would like to vehemently object to the opening/closing hours being 2am at weekends Bank holidays the reason we object to this is because undoubtedly increase unruly behaviour of the proximity of our home: specific examples of anti-social behaviour we have encountered in the past but to name but a few unattended on our drive broken glass plastic <sup>ie</sup> banging on windows broken glass empty beer bottles noise ~~control~~ intolerable noise levels disturbing sleep for work*

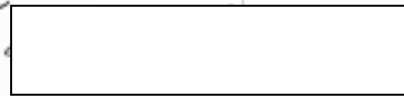
Public Safety Broken glass, hazardous to elderly residents, dirty needles, urinating, vomiting causing health issues, burst tyres from glass fragments.

The Prevention of Public Nuisance As we are well aware. No one adheres to the rules & regulations on smoking prohibition, taxis banging of car doors.

The Protection of Children from Harm Broken Glass, hyperdermic syringes, Urinating, Sicknees, language to name but a few.

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

We have been informed that neighbours have been consulted in relation to this application - this is untrue as no discussions have taken place between the licensees and ourselves. Had these proposals been put to our attention we would have vehemently objected on grounds of antisocial behaviour, urinating, breaking glass; not to mention the increase in noise levels, the Police are reluctant to respond due to an already under funded service and major cuts in manpower. There is also debris left in the vicinity, shouting, fighting, drugs use; the problems that would result in these proposed closing times are limitless; its now well known that the Police are dealing with a matter of antisocial behaviour almost dominating their entire shift schedule.



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

24/09/2017

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 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.