



**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

185 SHEFFIELD RD.

Post town CHESTERFIELD

Post code (if known) S41 7JQ

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

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

RECEIVED

25 AUG 2021

LICENSING

**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 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**

FOUR BUNGALOWS  
RIGHT ACROSS THE ROAD  
ALL ELDERLY PEOPLE

**Public Safety**

**The Prevention of Public Nuisance**

MORE TRAFFIC  
AND NOISE  
BEDROOM BUNGALOWS  
FACE SHEFFIELD ROAD

**The Protection of Children from Harm**

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

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.**

.....  
Date ..... 23rd AUGUST 2021 .....

.....  
Capacity ..... LOCAL RESIDENT .....

**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)**

**COUNCIL'S PRIVACY STATEMENT.**

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also, and on occasions will be required to, share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see the privacy notice on the council website, [www.chesterfield.gov.uk/privacy](http://www.chesterfield.gov.uk/privacy) or contact the council's data protection officer on 01246 345345.

**Chesterfield Borough Council collects personal information when you contact us for any services we provide. We will use this information to provide these services. We may need to share your information with service providers and other departments within CBC to ensure that you receive the best possible service. If so, this will be made clear in our privacy notice. We will not share your information with third parties for marketing purposes or any other reason unless required to do so by law.**

**For more information explaining how we protect and use your information please see our privacy policy at [www.chesterfield.gov.uk/privacy](http://www.chesterfield.gov.uk/privacy)**

### **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.

[A large rectangular area containing faint, illegible text, likely representing a form or document content that is too light to scan accurately.]