

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.

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) S417JQ

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

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

27 AUG 2021

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RECEIVED 27 AUG 2021 LICENSING

Part 2 – Representor details

		PRESENTOR (fill in as a	applicable)	
Mr Mrs	Miss	Ms Rev)	Other title (for example,	akata sa sa Pangana akata sa sa
Surname		First names		
			Please tick ✓	yes
l am over 18 years	old or over		i chat sellar sur a	
Current postal address if different from premises address				
Post town		Postcode		東西(10) 白田
Daytime contact tel number	ephone			
Email address (opti	ional)	freedown a startware a star Tartware a startware a start	1. 19 a 19	

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

	Plater versions
Name and address	
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E-mail address (optional)	argu) — solet yoʻl

This Representation relates to the following licensing objective(s)

		Please tick one	or more boxes ✓
1)	the prevention of crime and disorder		1000 A
2)	public safety		
3)	the prevention of public nuisance	. 301687 13- ² 1	187 at 175
4)	the protection of children from harm		

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

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The Protection	of children nom nam	1 S KOT D RANKER I K K
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This Representation relates to the following licensing objective(s)

Please tick one or more boxes ✓ the prevention of crime and disorder 1) TADEBER AND AND AND A PRIME APPENDATION OF THE APPENDATION 2) public safety the prevention of public nuisance 3) 4) and the protection of children from harmonorio a strategical to retract a strategical to outsing is if similar on bohalf of the Representor please state in what capacity Please state the ground(s) for making the Representation (please read guidance note 1) The Prevention of Crime and Disorder WE MAVE ALREADY SUFFERED SOME ACTS OF VANDAUSM. I AM WORRIED AN ESTABLISTIMENT WENTER AN ALCONOL FUMRONMENT WITH FURTMER ENCOURAGE THAT issenne? with **Public Safety** THE SAFETY OF MY CUSTONERS AND Contact name her STAFF WALLST UNTERING & LEAVING WHAT THE SALON The Prevention of Public Nuisance + NOISE COVELS OF MUSIC & PEOPLE OUTSIDE DRINKING / SMOKING + LITTERING (SMOKING) - NOISE DISRUPTION TO MY SERVICES & CLIENTS - INTERUPTING RELAXING TREATMENTS IN OPENING HOURS The Protection of Children from Harm WE DUN CHILDRENS PARTIES AND EVENTS ASWELL AS TREATMENS AND HAIRDRESSING. OVORRIES OF SAFETY WHEN ENTORING/CHAMILY ESPECIALLY AT LATER MOURS.

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.

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Date 27 (8/21	

Capacity	

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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 giv associated with this Representation (ple	ven) and postal address for correspondence ease read guidance note 4)
	0.12 1
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond wi (optional)	th you by e-mail your e-mail address

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, <u>www.chesterfield.gov.uk/privacy</u> or contact the council's data protection officer on 01246 345345.