

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)

RECEIVED

27 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

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 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

The Protection of Children from Harm

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

WE HAVE ALREADY SUFFERED SOME ACTS OF VANDALISM. I AM WORRIED THAT AN ESTABLISHMENT WITH AN ALCOHOL ENVIRONMENT WITH FURTHER ENCOURAGE THIS.

Public Safety

THE SAFETY OF MY CUSTOMERS AND STAFF WHILST ENTERING & LEAVING ~~THE~~ THE SALON.

The Prevention of Public Nuisance

- NOISE LEVELS OF MUSIC & PEOPLE OUTSIDE DRINKING / SMOKING
- LITTERING (SMOKING)
- NOISE DISRUPTION TO MY SERVICES & CLIENTS.
- INTERRUPTING RELAXING TREATMENTS IN OPENING HOURS.

The Protection of Children from Harm

WE RUN CHILDRENS PARTIES AND EVENTS ASWELL AS TREATMENTS AND HAIRDRESSING. WORRIES OF SAFETY WHEN ENTERING / LEAVING ESPECIALLY AT LATER HOURS.

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.**

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Date 27/8/21

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)	

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 or contact the council’s data protection officer on 01246 345345.