



# Ashfield

06/02/2010  
P. DODD

## FORM OF REPRESENTATION REGARDING A PREMISES LICENCE OR CLUB PREMISES CERTIFICATE APPLICATION OR VARIATION

**PLEASE NOTE - This form may be viewed by the applicant or by a representative of the applicant. It may also be read out in public at a meeting of the Licensing Panel.**

Representations can be made against a relevant licence application by an interested party. They may also be made on behalf of an Interested Party by a local Councillor, solicitor, Member of Parliament or friend.

Please indicate below in which capacity you are making this representation by ticking the appropriate drop-down box.

- A person living in the vicinity of the premises .....
- A body representing a person living in the vicinity of the premises.....
- A person involved in a business in the vicinity of the premises.....
- A body representing a business in the vicinity of the premises.....

Representations are only relevant to an application if they relate to at least one of the four Licensing objectives listed below:

- The Prevention of Crime and Disorder
- Public Safety
- Prevention of Public Nuisance
- The Protection of Children from Harm

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to Licensing Authority.

In the case of a closure order issued by the police, representations may be made during the 7 days that follow relevant notice being given to the Licensing Authority by the Magistrates Court, starting on the day after the notice was received.

Please enter the contact details of the interested party below:

Name:	M <sup>r</sup> + M <sup>rs</sup> J. SHAW
Address:	170, FOREST ROAD ANNESLEY-WOODHOUSE KURBY-IN-ASHFIELD NOTTS
Postcode:	NG17 9JB
Telephone:	

Please confirm the name and address of person or business affected in the vicinity, if different from the address given above

Name:	
Address:	
Postcode:	
Telephone:	
Email:	

Please provide details of the application to which you wish to make a representation.

Name of applicant:	MR S. BARLOW
Address of premises:	174, FOREST ROAD ANNESLEY WOODHOUSE, KIRBY-IN-ASHFIELD. NOTS.
Postcode (if known):	NG17 9JB.
Details of application	ALCOHOL LICENCE

Please indicate which of the Licensing Objectives you are making representation under by ticking the relevant one(s) below:

- The Prevention of Crime and Disorder.....
- Public Safety.....
- Prevention of Public Nuisance.....
- The protection of Children from Harm.....

Please give details of your representation in the box below

We were alarmed at the thought of 7 day opening because of the parking + noise etc at the week-ends.  
After having spoken to M' Barlow he reassured that 7 days a week is not happening.  
Perhaps it would help if customers were asked (perhaps a notice inside) to be considerate of neighbours when leaving premises late at night to keep noise to a minimum.  
Other than that we have no objection.

If possible, please suggest alterations to the application that would resolve the problem.

Once the Licensing team has received this form you will receive a written acknowledgement and you may be contacted to discuss the issue(s) prior to any referral to a Licensing Panel.

Please tick this box if you  consent to any notice of hearing being sent to you by the email address you have given (if any)

Please tick this box if you do not intend to attend or be represented at any Licensing Panel hearing if one is held

If you wish to withdraw any representation you may do so by confirming this in writing to the address given below, provided that you do so not later than 24 hours before the date of any hearing or otherwise orally at the hearing.

Signed	
Date	6/4/2016

Please return this form to:

Licensing Team  
Ashfield District Council  
Health and Housing  
Urban Road  
Kirkby-in-Ashfield  
NOTTINGHAM  
NG17 8DA

Tel: 01623 457589

Fax: 01623 457592

Email: [licensing@ashfield-dc.gov.uk](mailto:licensing@ashfield-dc.gov.uk)

