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Fareham & Gosport
10 NOV 2016
Environmental Health
Partnership
Working in partnership



GOSPORT
Borough Council

**FORM FOR REPRESENTATIONS FROM RESPONSIBLE AUTHORITIES
AND INTERESTED PARTIES**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

- Before completing this form please read the guidance notes on page 7.
- If you are completing this form by hand please write legibly inside the boxes in black ink and stay within the box provided.
- Once completed please send your representation form to The Licensing Officer at the relevant authority.

You may wish to keep a copy of the completed form for your records.

I/We SUZANNE FREEMAN, Development Manager,
HOMEFAYRE HOUSE wish to make a representation(s)
(Insert your name)

regarding the granting/variation/transfer/review of the Premises Licence issued under the Licensing Act 2003, for the premises described in Part 1 below.

Part 1 - Premises or Club Premises Details

Postal address of premises or club premises, if any, or if none ordnance survey map reference or description
OASIS
152 WEST STREET.

Post town <u>FAREHAM</u>	Post code <u>PO16 0EH.</u>
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Name of premises licence holder or club holding club premises certificate (if known)
OASIS, MR. MEHULKUMAR SHUKAL

Number of premises licence or club premises certificate (if known)
NOT KNOWN.

Part 2 - Your Details

I am

Please tick ✓

- 1) an interested party
 - a) a person living in the vicinity of the premises
 - b) a body representing persons living in the vicinity of the premises
 - c) a person involved in business in the vicinity of the premises
 - d) a body representing persons involved in business in the vicinity of the premises
- 2) a responsible authority
- 3) a member of the club to which this application relates

(A) REPRESENTATIVE DETAILS (fill in as applicable)

Mr Ms (for Mrs Other title Miss
example, Rev)


Surname: FREEMAN First names: SUZANNE

Are you over 18 Yes

Current address if different from premises address: Development Managers Office, Homefayne House, Western Road, Fareham Hants.

Post Town: Postcode: PO16 0LU.

Contact telephone number in working hours: 

Email address (optional): 

(B) BODY APPLICANT

Name and address

(C) AUTHORITY APPLICANT

Name and address

This application to review 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

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

The oasis premises has been the hub for local drunks/drug addicts to purchase cheap/strong alcohol.

The owners and staff appear to have no qualms whatsoever in selling alcohol to persons who are already well & truly intoxicated.

The effects of this are continued anti-social behaviour/public nuisance/crime and disorder.

These persons become verbally abusive shouting + swearing at each other and the general public.

They use the public area surrounding the oasis property as toilets, urinating and defecating for all to see. They fight amongst themselves, their actions leave people passing by feeling very vulnerable and distressed.

We know these people are buying alcohol from this premises because we have seen them being served. We have seen them leaving the premises with the bags from the shop with alcohol in them.

This behaviour/crime has been well documented over the last 18 months - 2 yrs with both Fareham Borough council safety team and Fareham Police.

Please provide as much information as possible to support the representation (please read guidance note 2)

Since the Removal of the Alcohol licence to this Premises the instances of Anti social behaviour + public nuisance etc, in our area have dramatically reduced.


It may also be worth noting that we have not observed a change of staff in this Premises. So there appears to be little evidence to prove that we will not be returning to the problems that I have documented.

If you have made representations before relating to this premises, please state what they were and when you made them

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE [AMOUNT], UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS REPRESENTATION

Part 3 - Signatures (please read guidance note 3)

Signature of representee or representee's solicitor or other duly authorised agent. (please read guidance note 4). If signing on behalf of the representee, please state in what capacity.

Signature..... 

Date..... 9-11-16

Capacity..... Development Manager Homefayre House

Contact name (where not previously given) and address for correspondence associated with this representation (please read guidance note 5)

Post town

Post code

NOTES FOR GUIDANCE

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details, for example dates of problems which are included in the grounds for representation if available.
3. The representation form must be signed.
4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address which we shall use to correspond with you about this application.

DATA PROTECTION ACT 1998

The personal information you have provided, or which has been obtained from other sources, will only be used for the purpose of the licensing function, and for auditing, monitoring, statistical and other research.

The information may be shared with other council departments and statutory bodies. The licence holder will also be provided with a copy of your representation.