

FAREHAM

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.

We M.R. & MRS. D. HAMPER wish to make a representation(s)
(insert your name)

regarding the application for Premises Licence to be 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

8 MILL ROAD

Post town FAREHAM

Post code PO16 0TN

Name of premises licence holder or club holding club premises certificate (if known)

FAREHAM WORKING MENS CLUB
DPS: MR JOHN EDWARD DAVIES

Number of premises licence or club premises certificate (if known)

LICENCE REF: 3146

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 Mrs Miss Ms Other title (for example, Rev)

Surname
HAMPER

First names
DANIEL + KIRSTY

Are you over 18 **Yes**

Current address if different from premises address
4 MILL ROAD

Post Town FAREHAM **Postcode** PO16 0TN

Contact telephone number in working hours 07834902969

Email address (optional) DANIELHAMPER@GMAIL.COM

(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)

THIS REPRESENTATION IS BASED ON ALL OF THE AFOREMENTIONED LICENSING OBJECTIVES

- 1) PREVENTION OF CRIME AND DISORDER
- 2) PUBLIC SAFETY
- 3) PREVENTION OF PUBLIC NUISANCE
- 4) PROTECTION OF CHILDREN FROM HARM

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

BASED ON THE CURRENT OPENING HOURS, WE ALREADY HAVE THE FOLLOWING ISSUES;

- DRUNK PATRONS SPILLING OUT OF THE ESTABLISHMENT AT CLOSING TIME, VOMITING AND DEFICATING IN THE STREET.
- FIGHTS INVOLVING DRUNK PATRONS ERUPTING OUT THE FRONT OF THE ESTABLISHMENT AND FALLING INTO THE ROAD. (THE POLICE HAVE BEEN ALERTED).
- NOISE (MUSIC FROM THE ESTABLISHMENT, SINGING, SHOUTING, SWEARING, ARGUING) FROM PATRONS.
- DAMAGE TO PRIVATE PROPERTY (GATES, FENCES).
- ABANDONED GLASSES, CANS, BOTTLES (GLASS/BOTTLES BROKEN), OFTEN THROWN OVER OUR FENCE.
- EFFECTS NOT ONLY ON OUR YOUNG CHILDREN, BUT ALSO THE OTHER CHILDREN IN THE IMMEDIATE VICINITY OF THE ESTABLISHMENT, HAVING TO WALK TO SCHOOL AVOIDING BROKEN GLASS AND VOMIT. AS WELL AS BEING SUBJECTED TO THE BAD/OFFENSIVE LANGUAGE USED AT CLOSING TIME.
- THE ESTABLISHMENT DOES NOT CONSISTENTLY MONITOR/MAN THE FRONT DOORS ESPECIALLY WHEN THERE ARE PRIVATE FUNCTIONS TAKING PLACE. THE FRONT DOGS ARE LEFT UNLOCKED / UNSECURE. GUESTS AT PRIVATE FUNCTIONS CONGREGATE AT THE FRONT OF THE ESTABLISHMENT, OFTEN WITH ALCOHOL, TO SMOKE. THIS INCREASES NOISE AND GIVES WAY TO ANTI SOCIAL BEHAVIOUR.
- THIS IS A RESIDENTIAL AREA AND EXTENDING OPENING HOURS WOULD INCREASE SEVERITY OF THE ONGOING ISSUES.



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

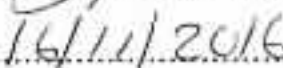
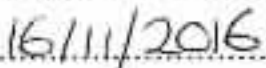
N/A.

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.....  

Capacity.....

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.