

# 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.

I/We Mrs H Longsdon 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 OTN

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

Fareham working mens club

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

Licence Ref 3146

Fareham & Gosport  
16 DEC 2016  
Environmental Health  
Partnership



**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**

Longsdon

**First names**

HELEN Clare

**Are you over 18**

Yes

**Current address if different from premises address**

1 Holbrook rd  
fareham

**Post Town**

fareham

**Postcode**

PO16 0TJ

**Contact telephone number in working hours**

07749458523

**Email address (optional)**

My\_Pay\_Pal1@hotmail.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)

Representation is Based on all  
of the licensing objectives listed  
on page 3.





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

we already suffer from vomit on the streets surrounding the club.

People arguing and shouting.

Damage to local property.

Broken glass.

There are a lot of houses with young children in this area. opening later will only encourage this behaviour.



**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..... 15 / 12 / 2016 .....  
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.

