

# 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** SEAN & MARIA STARES ..... 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

<b>Postal address of premises or club premises, if any, or if none ordnance survey map reference or description</b> FAREHAM WORKING MENS CLUB 8 MILL RD, FAREHAM PO16 0TN	
<b>Post town</b> FAREHAM	<b>Post code</b> PO16 0TN

<b>Name of premises licence holder or club holding club premises certificate (if known)</b>
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<b>Number of premises licence or club premises certificate (if known)</b>
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Fareham & Gosport  
19 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) REPRESENTEE DETAILS (fill in as applicable)**

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

**Surname**

STARES

**First names**

SEAN

**Are you over 18**

Yes

**Current address if different from premises address**

2 MILL RD  
FAREHAM  
HANTS

**Post Town**

FAREHAM

**Postcode**

PO16 0TN

**Contact telephone number in working hours**

01329 286409

**Email address (optional)**

S\_STARES@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)

WE WOULD LIKE TO MAKE OUR OBJECTIONS TO THE APPLICATION FOR A VARIATION LICENCE BY:

FAREHAM WORKING MESS CLUB.

UNDER THE SECTIONS OF THE PREVENTION OF CRIME AND DISORDER AND THE PREVENTION OF PUBLIC NUISANCE WE WOULD LIKE TO MAKE IT KNOWN THAT WE BELIEVE THE CURRENT LICENCING PROVISION IS MORE THAN ADEQUATE FOR THIS AREA BEING RESIDENTIAL

WE THINK THAT THIS APPLICATION SHOULD IT GO AHEAD WOULD HAVE AN UNSETTLING EFFECT ON THE NEIGHBOURHOOD WITH INCREASED OPERATING TIMES LEADING TO INCREASED ALCOHOL CONSUMPTION LEADING TO INCREASED DRUNKEN DISORDER WITH VANDALISM & CRIME, TO WHICH WE HAVE HAD EXPERIENCE OF GOING BACK OVER THE YEARS.

ANY NEGATIVE BEHAVIOUR WOULD NOT BE RESTRICTED TO WEEKENDS ONLY WITH THE POSSIBILITY OF FIGHTING, SHOOTING & VANDALISM BEING DISTRIBUTED THROUGHOUT THE WEEK WOULD BE UNACCEPTABLE.

WE WOULD LIKE TO CONTINUE TO LESSEN ANY BAD EXPERIENCES THAT THIS WOULD INCREASE AND BELIEVE WE HAVE BEEN MORE THAN REASONABLE CONSIDERING OUR ONGOING VIGILANCE IN THIS AREA.





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




**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..... 16/12/16.....  
Capacity.....

<b>Contact name (where not previously given) and address for correspondence associated with this representation</b> (please read guidance note 5)	
<b>Post town</b>	<b>Post code</b>

**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.

