

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 Mr + Mrs Seanlove 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 Social Club

Number of premises licence or club premises certificate (if 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 Mrs Miss Ms Other title (for example, Rev)

Surname

DEARLOVE
BOWLES

First names

ANDREW
JOANNA

Are you over 18

Yes

Current address if different from premises address)?

Coombe House
6 Mill Road

Post Town

Fareham

Postcode

PO16 0TN

Contact telephone number in working hours

07973 68647

Email address (optional)

joanna.bowles@btinternet.com

(B) BODY APPLICANT

Name and address

Sorry I don't know what this means

(C) AUTHORITY APPLICANT

Name and address

Sorry I don't know what this means

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)

Potential for:

- increased noise midweek from cars, people leaving the club, waiting for cabs, saying goodbye, arguing.
- increased smoking
- increased damage to fence
- increased crime potential

All of the above assumes increase in number of people attending club + drinking alcohol.

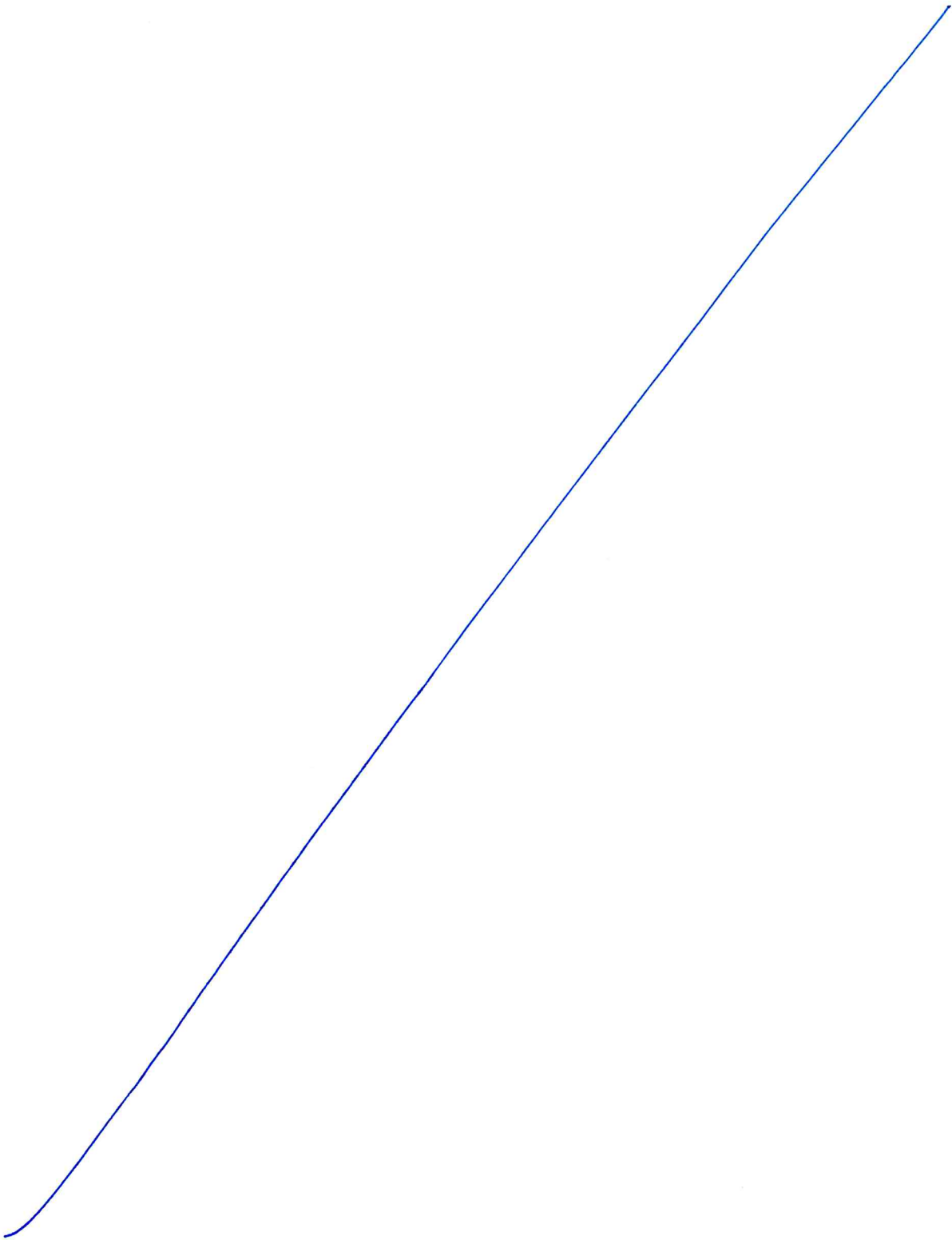
Please provide as much information as possible to support the representation (please read guidance note 2)

We have not been advised of the reason for the extended hours and are unaware of the plans for those longer evenings.

However, if a result is more people in the club and/or people staying later in the club and/or consuming more alcohol, then the result for neighbours is potentially more noise + later at night. Whilst this is less of a problem at the weekends, we don't want to be disturbed midweek.

We have also been burgled since living here by somebody that the police think had a connection to the club. This was a number of years ago but is an ongoing concern when there are people hanging around outside (front + back) late at night.


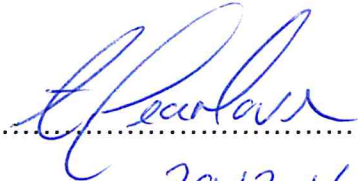
If you have made representations before relating to this premises, please state what they were and when you made them



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.....*20.12.2016*.....*20.12.16*.....
Capacity.....

Contact name (where not previously given) and address for correspondence associated with this representation (please read guidance note 5)	
<i>as previously noted.</i>	
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.