

Licensing Act 2003

Representation on a Licensing Application

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to the Licensing Authority.

In the case of a closure order issued by the Police, representations may be made during the seven days that follow relevant notice being given to the Local Authority by the Magistrates Court, starting on the day after the day the notice was received.

Representations must be relevant to the application. To be relevant they must relate to at least one of the four **Licensing Objectives** listed below:

- **The Prevention of Crime and Disorder**
- **Public Safety**
- **Prevention of Public Nuisance**
- **The Protection of Children from Harm**

Note: Please be aware that that this form cannot be treated as confidential. Your representation will be passed to the Applicant or to the representative of the Applicant to allow them the opportunity of addressing your concerns. This form will also be published on the council's website and read out in public at the sub-committee hearing.

☐ **By ticking this box, I agree to my contact details being made public.** (Please note if you do not wish for your information to be made public, your representation may not be accepted or requested that it be withdrawn). Email addresses and contact telephone numbers will not be publicly available.

Please enter your details below. If you wish for the notice of hearing to be sent via email please enter your email address and tick the box below. If you do not have an email all correspondence will be sent via post.

Name:	C. ESPIN
Telephone:	[REDACTED]
Email address:	[REDACTED]

Please tick this box if you consent to any notice of any hearing being sent to you to the e-mail address provided by you above. ☒

If you wish to withdraw any representations you may do so confirming this in writing to the address given below, providing you do so no later than 24 hours before the any hearing, or otherwise orally at the hearing.

Please tick this box if you **do not** intend to attend or be represented at any hearing ☒

Signed: [REDACTED]

Print Name: C. ESPIN

Date: 23/11/24

Licensing Act 2003 Representation on a Licensing Application

Please provide your details below

Your Name:	C. ESPIN
Postal address including postcode:	[REDACTED]
Telephone Number	[REDACTED]
Email Address	[REDACTED]
Are you: • An individual? ☒ • A person who operates a business? • A person representing residents or businesses? • A member of the relevant licensing authority (ie, elected councillor of the licensing authority)	
If you are representing a resident or business please provide details	

Please provide details of the application to which you wish to make a representation.

Name of Applicant	HEALING AND DISTRICT SOCIAL CLUB
Address of Premises	1-2 ROOKERY ROAD. HEALING
Application Details	
Last date for representation (if known)	

Please give details of your representation in the box below. Indicate which of the Licensing Objectives your representation refers to by ticking the relevant box/es:

- The Prevention of Crime and Disorder
- Public Safety
- Prevention of Public Nuisance
- The Protection of Children from Harm

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Your representation must relate to one of the four licensing objectives, which are detailed below. Please detail the evidence supporting your Representation and the reason for your representation. If necessary, separate sheets may be used.

Objectives	Evidence
The Prevention of Crime and Disorder	
Public Safety	ILLEGAL PARKING ON KERBS.
Prevention of Public Nuisance	DISTURB OF ELDERLY RESIDENTS. EXCESS ^{LOUD} NOISE NOISE !! SOMETIMES DRUNKEN ARGUMENTS ARE HEARD. SOMETIMES CLUB SO BUSY NO PARKING SPACES AVAILABLE TO RESIDENTS.