

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you do not wish for your information to be made public, your representation may not be accepted or requested that it be withdrawn).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:	JOHN	8	MARGARET	CRISALL	
Telephone:					
Email address:					

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 thi	is box if you do	not intend to atte	nd or be represented a	at any hearing 🗌
Signed:			······································	
Print Name:	JOHN	CRISIALL	***************************************	
Date:	21-11-	2024		·



<u>Licensing Act 2003</u> <u>Representation on a Licensing Application</u>

Please provide your details below

Your Name:	MARGARET a JOHN CRISALL
Postal address including postcode:	VETELLA COTTAGE, OFF ROOKERY ROAD, HEALING, GRIMSBY, N.E. LINCOLNSHIRE DN 41785.
Telephone Number	
Email Address	
Are you: • An individual? • A person who operates a bu • A person representing resid • A member of the relevant lice	
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 a District Social Club.
Address of Premises	1-2 Rookery RD, HEALING, GLASBY Dr 41 78
Application Details	Variation of Premises Dicence
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	$ \overline{\checkmark} $
•	Public Safety	√
•	Prevention of Public Nuisance	V
	The Protection of Children from Harm	V

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	Drink driving and unlaw Ful Parking
Public Safety	People passing out windows in the early hours, walking along the public right of way bumping into bins and making a noise.
Prevention of Public Nuisance	prink driving

The Protection of Children from Harm	There are young babies and the elderly being deprived of sleep.

If possible please suggest alterations to the application that would resolve the problem mentioned above, again paying attention to the licensing objectives

designed for it is in the wrong area for music and late night drinking and beer gardens right next door to our living premises. It should be moved to another Locations where it will have less impact on residents.

Once the Licensing Section has received this form you will receive a written acknowledgment and you may be contacted to discuss the issue prior to any referral to a sub-committee hearing.

Please return this form to the following address:

The Licensing Manager, Doughty Road Depot, Doughty Road, Grimsby, DN32 0LL licensing@nelincs.gov.uk

Telephone: 01472 326299