

BLABY DISTRICT COUNCIL
LICENSING ACT 2003

REPRESENTATION FORM

Your name/organisation name/name of body you represent	MRS ELAINE GAGUO
Address of person/organisation making representation	24 WINDERMERE DRIVE CROFT LEICESTERSHIRE
Name of the premises you are making a representation about	MORRISONS
Address of the premises you are making a representation about	Pochny Street CROFT LEICESTERSHIRE

What are you making a representation about?

Please indicate which part of the licence/certificate application you are making a representation about (E.g. terminal hours, music and dancing, operating schedule)

24 hour Licenced opening

Your representation must relate to one of the four Licensing Objectives

Licensing Objective	Please provide full details of your concerns regarding the application and include any evidence you may have in support of it. Please use separate sheets if necessary
To prevent crime and disorder	All of these are relevant to 24 hour Licenced opening e this ! e this ! e this !
Public safety	
To prevent public nuisance	
To protect children from harm	

Please suggest any conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account

Take all of these issues into accounts as all the above e more could come from 24 hour Licenced

Signed:

Capacity Croft Resident

Date: 23/1/25.