

REPRESENTATION FORM

Your name/organisation name/name of body you represent	Richard Hayes
Address of person/organisation making representation	3 Thurlaston Lane, Croft LE9 3HD
Name of the premises you are making a representation about	Morrisons Supermarket
Address of the premises you are making a representation about	Pochin Street, Croft

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 opening and Alcohol Licence

Your representation must relate to one of the four Licensing Objectives

Licensing Objective	<i>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</i>
To prevent crime and disorder	
Public safety	
To prevent public nuisance	Noise and Traffic in the vicinity of the shop at all hours. Litter and antisocial behaviour in parking places around the village and outlyir area.
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.

To retain the existing hours that have been in the village for many years. ie not after 9pm

Signed:



Date:

Capacity:

NOT FOR PUBLICATION

Your e-mail address	
Your contact telephone number	

SUPPORTING NOTES

If you do make a representation, it can only relate to the four Licensing Objectives. If relevant and accepted, you will be invited to attend a meeting of the Licensing Sub Committee and any subsequent appeal proceeding. If you do not attend, the Sub Committee will still consider any representations that you have made.

Your representation will also be passed to the applicant, to allow them the opportunity of addressing your concerns. Your representations will be published in the report available to the Sub Committee, which will be publicly available. Names and addresses will only be withheld from the applicant or Sub Committee in exceptional circumstances (email addresses and contact telephone numbers will not be publicly available). If you do not wish for your personal details to be disclosed, then you must withdraw your representation.

This form must be returned within the Statutory Period, which is 28 days from the date the notice was displayed on the premises or the date specified in the Public Notice in the newspaper. Please contact the Licensing Section on 0116 272 7782 if you are in doubt about the date.

Please return this form when completed along with any additional sheets to:

Licensing
Blaby District Council
Council Offices
Desford Road
Narborough
Leicester
LE19 2EP

Or

By email: licensing@blaby.gov.uk

Tel: 0116 272 7782