

Representation form Licensing Act 2003 evidence uploads.

Reference Number: N/A

### Evidence

Evidence provided in this form: No

uploads have been provided **Form**

**summary:**

**DPA:**

**Name:**

Title	First name	Surname
Mr.	Peter	Murrell
Mrs.	Lynda	Murrell

**Are you completing this form personally or representing an organisation?:**

Personally **Address:**

Full Address

**Email:**

**Home Telephone:**

**Mobile Number:**

**Name of the premises you are making a representation about:** Kirby Select Ltd **Address of the premises you are making a representation about:**

Postcode / street name	Full Address
LE9 2LQ	1-2 Cherry Tree Court, Kirby Muxloe, LE9 2LQ

**Which Licensing Objectives does your representation relate to?:** To prevent crime and disorder, Public safety, To prevent public nuisance

**To prevent crime and disorder:** By having an off-licence in the area will invite youths into the estate and potentially increase crime rates.

**Public safety:** Increased volume of traffic into the estate potentially increases crime rates.

**To prevent public nuisance:** Increasing number of youths to the area buying alcohol, then loitering playing loud music in their cars.

**To protect children from harm:** N/A

**Do you have any evidence in support of your representation?:** No

**Are there any conditions that could be added to the licence to remedy your representation?:** Restriction on opening hours to 7am to 6pm.

**Do you have any other suggestions you would like the Licensing Sub-Committee to take into account?:**