

Section 1 – Premises or Club details

Name & Address of Premises	41-43 CENTRAL DRIVE					
	BLACKPOOL					
	Post Code	F	Y	I	5	9

Name of the licence holder of the above premises (if known)
ISMAIL EZZAT

Section 2 – Your Details

A. Details of individual interested party

Title:	<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname	MILLER	
Forenames	JOHN			I am 18 years old or over	Please tick <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Home address	50 CENTRAL DRIVE BLACKPOOL					Post Code	FY1 5Q8
Telephone Number	07955066809			Mobile Number	07955066809		
E-Mail Address	[Redacted]						

B. Details of other interested parties, such as a body representing residents or businesses

Name of the Body								
First Names <small>(of person representing the body)</small>				Surname <small>(of person representing the body)</small>				
Home address						Post Code		
Telephone Number				Mobile Number				
E-Mail Address								

Section 3 – Details of the licensing objectives that will be undermined by the application.

This representation relates to the following licensing objective/s

(Tick as appropriate)

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

Section 4 – Information and details of the representation

Have you made any representations in respect of this premises before?	Yes	No <input checked="" type="checkbox"/>
Date that the previous representation was made:		
I understand that the Licensing Authority is obliged to give notice of a hearing to all parties to the hearing and this must include a copy of this representation.	Yes	<input checked="" type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Please state the grounds for your representation: - (Please continue on additional sheets if necessary)

AS A CONCERNED RESIDENT OF CENTRAL DRIVE I AM AWARE OF AN APPLICATION FOR A NEW PREMISES LICENCE FOR THE ABOVE ADDRESS. ON BEHALF OF MY COMMUNITY, AND HAVING REVIEWED BOTH THE APPLICATION, AND ALSO THE CURRENT OFF LICENCE SATURATION POLICY I WOULD VERY MUCH LIKE TO MAKE A FORMAL OBJECTION ON THE FOLLOWING GROUNDS.

I MAKE THIS OBJECTION ON THE EXISTING ^{PREMISES} LICENCE BEING WITHIN THE OFF LICENCE SATURATION POLICY AREA. THE PURPOSE OF THIS POLICY IS TO LIMIT THE NUMBER OF LICENCED PREMISES WITHIN A GIVEN GEOGRAPHIC AREA, IN ORDER TO REDUCE CRIME AND DISORDER AND ACTUALLY PROMOTE THE LICENCING OBJECTIVES. THE POLICY SETS OUT THE FOLLOWING.

• THE NUMBER, TYPE AND DENSITY OF THE PREMISES, SELLING ALCOHOL IN A PARTICULAR CAN LEAD TO SERIOUS PROBLEMS OF NUISANCE AND DISORDER. IN THESE CIRCUMSTANCES THE IMPACT OF THE PREMISES ^{TAKEN} AS A WHOLE CAN BE FAR GREATER THAN THAT ARISING FROM INDIVIDUAL PREMISES. IN MOST CASES IT WOULD BE IMPOSSIBLE TO IDENTIFY AN INDIVIDUAL PREMISE AS BEING THE SOLE CAUSE OF MAJOR CONTRIBUTING FACTOR.

• THE POTENTIAL IMPACT ON THE PROMOTION OF THE LICENCING OBJECTIVES BY A SIGNIFICANT NUMBER OF LICENCED PREMISES CONCENTRATED IN ONE AREA IS CALLED 'CUMULATIVE IMPACT'. THE CUMULATIVE IMPACT OF ALL THE PREMISES IN AN AREA UPON THE PROMOTION OF THE LICENCING OBJECTIVES IS A PROPER MATTER FOR THE LICENCING COMMITTEE TO CONSIDER.

• THIS APPLICATION IS WITHIN THE SATURATION ZONE, THE LOCATION OF THE PROPOSED PREMISES IS ON THE OUTSKIRTS OF THE TOWN, SERVING BOTH THE DAYTIME & NIGHTTIME ECONOMY. THESE PREMISES WILL ONLY ADD TO THE AVAILABILITY OF ALCOHOL AND INCREASE CRIME & DISORDER.

NO INFORMATION HAS BEEN PROVIDED ON THE APPLICATION FORM DETAILING HOW THE APPLICANT INTENDS TO PROMOTE ANY OF THE FOUR LICENCING OBJECTIVES, IN PARTICULAR THE CRIME AND DISORDER OBJECTIVE.

Please provide as much information as possible to support your representation. Note that if you have not disclosed this information, you may not be able to introduce it at the hearing unless all parties consent.

Section 5 Signatures

Signature of the person making the representation or their solicitor or other duly authorised agent. If signing on the behalf of a person or body representing a person living or carrying on business in the vicinity of the premises, please state in what capacity.

Signature:	Capacity:	Date:
C. J. Mally	CONCERNED RESIDENT	24/6/2014