

| <i>For Office use only</i> | |
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| LalPac Application No. | |
| Licence Number | |

25 JUN 2018

Blackpool Council

**Representation in respect of a
Premises Licence or Club Premises Certificate**

Applicant Name: Mrs M Taylor



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8572
F: (01253) 47 8372

www.blackpool.gov.uk

LS/D/009/15/5

Section 1 – Premises or Club details

| | | | | | | | | | | |
|----------------------------|----------------------|---|---|---|--|--|--|--|--|--|
| Name & Address of Premises | Carlton Guest house. | | | | | | | | | |
| | 33 Wellington Road | | | | | | | | | |
| | Post Code | F | Y | I | | | | | | |

| |
|---|
| Name of the licence holder of the above premises (if known) |
| |

Section 2 – Your Details

A. Details of individual interested party

| | | | | | | | | | | |
|------------------|------------------|--------------------------------------|------|----|---------------|---------------------------|-------------|--|-----|----|
| Title: | Mr | <input checked="" type="radio"/> Mrs | Miss | Ms | Surname | TAYLOR | | | | |
| Forenames | MARJORIE | | | | | I am 18 years old or over | Please tick | | Yes | No |
| Home address | 35 WELLINGTON RD | | | | | | | | | |
| | BLACKPOOL | | | | | | | | | |
| | Post Code | F | Y | I | | | | | | |
| Telephone Number | 01253 814783 | | | | Mobile Number | / | | | | |
| E-Mail Address | / | | | | | | | | | |

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 | | | | | | | | | | | |

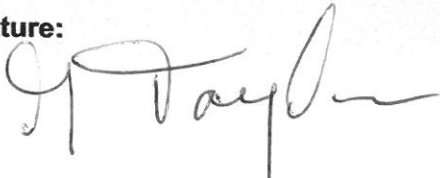
Please state the grounds for your representation: - (Please continue on additional sheets if necessary)

I am an elderly lady and live on my own. I object to the granting of the requested license on the grounds of prevention of nuisance. Unknown numbers of people will be in and out all day and night if they are serving until 5 in the morning. I may have people knocking on the wrong door as I live next door. It used to be a quiet bed and breakfast but I don't expect it to be in the future if this license ~~is~~ is granted.

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: |
|  | Next Door Neighbor | 21-6-2018 |