

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

03 JUL 2018

Blackpool Council

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

Applicant Name:	PATRICIA BROWN
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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	Robert Burns CARLTON HOTEL						
	33 Wellington RD						
	BLACKPOOL	Post Code	F	Y	1	6	A

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	BROWN			
Forenames	PATRICIA				I am 18 years old or over	Please tick		Yea	No
Home address	Robert Burns Hotel								
	25. Wellington Rd Blackpool								
		Post Code	F	Y	1	6	A	R.	
Telephone Number	01253-341108			Mobile Number					
E-Mail Address	dantricia@talktalk.net								

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)

We are a family hotel with a lot of young children staying, I believe if this licence were to go ahead this would affect all of the businesses on Wellington Rd. There are enough bars+clubs open in town late to cater for late night music + drinking. People stay on Wellington rd as we are away from town + the noise + disruption that brings. An all night cafe/bar is not required on this street, and would attract people who do not care about disturbing others, also as this hotel can only accommodate 12/14 guests they would be relying on outsiders to bring them in revenue.

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: Padreac Brown	Capacity: Owner	Date: 1st July 18 21-6-2018
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