

# Appendix 4b

For Office use only	
LalPac Application No.	
Licence Number	

30 AUG 2008

## Blackpool Council

Representation in respect of a  
Premises Licence or Club Premises Certificate

Applicant Name:	MR ANTONY BANKS
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### Built Environment

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](http://www.blackpool.gov.uk)



LS/D/009/15/5

## Section 1 – Premises or Club details

Name & Address of Premises	RUSKIN HOTEL									
	55 - 65 ALBERT ROAD									
	BLACKPOOL					Post Code FY1 4PW				
Name of the licence holder of the above premises (if known)										

## Section 2 – Your Details

### A. Details of individual interested party

Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	Surname	MORGAN				
Forenames	JONATHAN					I am 18 years old or over	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Home address	4. CHARLEY ROAD									
	BLACKPOOL									
						Post Code	FY1 4PF			
Telephone Number						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											

**Section 3 – Details of the licensing objectives that will be undermined by the application.**  
 This representation relates to the following licensing objective/s

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

(Tick as appropriate)

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

**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:		<u>                    </u>	
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)

I AM CONCERNED THAT THERE IS ONGOING NOISE NUISANCE FROM THE RUSKW HOTEL FROM BOTH THE SMOKING AREA AND THE FUNCTION ROOM. A NUMBER OF TIMES THE FIRE DOORS ARE OPENED AND VERY LOUD NOISE ESCAPES MAKING IT IMPOSSIBLE TO SLEEP FOR MYSELF AND MY GUESTS INCLUDING YOUNG CHILDREN. I STRONGLY OBJECT TO SECTION F PLAYING OF RECORDED MUSIC INDOORS AND PARTICULARLY OUTDOORS UNTIL I AM IN THE MORNING. I AM ALSO CONCERNED THAT THE FUNCTION ROOM USE SHOULD BE RESTRICTED TO RESIDENTS USE ONLY AND PRE-ARRANGED FUNCTIONS ONLY. ALSO I BELIEVE THE SALE OF ALCOHOL TO OUT SALES SHOULD CEASE AT 11 PM AS IT DOES WITH LOCAL SHOPS. STRICT MEASURES SHOULD ALSO BE PUT IN PLACE TO RESTRICT NON RESIDENTS FROM GOING FROM PUBLIC BAR TO THE FUNCTION ROOM. I AM ALSO CONCERNED THAT PERSONS WILL SMOKE OUTSIDE AT FRONT OF HOTEL CAUSING NOISE AND ANTI SOCIAL BEHAVIOR TO RESIDENTS AND VISITORS ESPECIALLY CHILDREN LATE AT NIGHT.

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:
		29.8.18