For Office us	se only
LalPac Application No.	
Licence Number	

0 9 NOV 2018

Blackpool Council

Representation in respect of a Premises Licence or Club Premises Certificate

Applicant Name:

NO. 3 PUB

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 &	NO. 3 PUB	
Address of	3 DEVONSHI	RE ROAD
Premises	BLACKPOO	L Post Code F Y 3 9 BW
Name of the licence	holder of the above premise	es (if known)
	MA KEL	LYS

Section 2 - Your Details

A. Details of individual interested party

Title:	Mr	Mrs	Miss	Ms	MR	Surna	me F	RA	SEA	2	
Forenames	De	ANC	LD				l am	18 year ver	s old	Yes V	e tick No
Home address		69 MERE ROAD BLACKPOOL									
							Post Coc	le F	43	9	AU
Telephone Number					100	lobite umber					
E-Mail Address											

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

Name of the Body	BELLE	IUE STRAWI	BERRY	CLARDENS
First Names (of person representing the looty)	PAUL	St. (of permit the body	irname herooding	OGDEN
Home address		LACKPOOL	2 5	
			Post Code	F43 9DH
Telephone Number		Mobile Number		
E-Mail Address				

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

This representation relates to the following licensing objective/s

		(creation and 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?	No
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

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)
Unlike	Ma Kelly premises in the town
contal x	Queens Promerade the no. 5
is in the	e heart of a residential district
where !	my definition a Zam licence
is who	by definition a Zam licence of the comfort let. behaviour from existing no.3
1201	1000
	The same of the sa
owner M	ext door to the pub to have
long sin	ext door to the pub to have ce closed for business well
	terdercy to disorder and, as a lake seen disorder lake at
patron,	in the other Ma Kelly polarises
right	lown.
Em	engenery service provision is already
too thin	by spread in the four and a
2 gan li	by spend in the four and a cere for the Wo.3 will exact sate function.
Please provide as muci information, you may n	h information as possible to support your representation. Note that if you have not disclosed this of the 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:		
	FOUNDER MEMPIER	8/11/	18	