

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

05 MAR 2020

Blackpool Council

Representation in respect of a Premises Licence or Club Premises Certificate

Applicant Name:

MR. DARREN WILKINSON



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

Section 1 – Premises or Club details

Name & Address of Premises	LAWTON HOTEL									
	58-68 CHARNLEY ROAD									
	BLACKPOOL	Post Code	F	Y	I		4	P	F	

Name of the licence holder of the above premises (if known)
(DPS) MR. DARREN WILKINSON

Section 2 – Your Details

A. Details of individual interested party

Title:	Mr	<input checked="" type="checkbox"/> Mrs	Miss	Ms		Surname	HODGKINSON						
Forenames	KEITH					I am 18 years old or over	Please tick		Yes	No			
Home address	10 WESTWELL GROVE												
	BLACKPOOL												
	LANCASHIRE					Post Code	F	Y	I		4	P	G
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

(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)


I object to this application, as I am concerned that we will have further disturbed sleep due to noisy cars, drunken behaviour, damage and vandalism.

This street is either made up of families with children or elderly people, neither of which want to be disturbed by noisy music or drunken people shouting up and down the street. Many families here also work and have to get up early to do so, I therefore find it totally unacceptable to have the proposed noise going on to the early hours of the morning 7 nights a week.

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:
	RESIDENT	1-3-20