

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

05 MAR 2020

Blackpool Council

<p>Representation in respect of a Premises Licence or Club Premises Certificate</p>
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Applicant Name:	<i>MR. DARREN WILKINSON</i>
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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

Section 1 – Premises or Club details

Name & Address of Premises	LAWTON HOTEL						
	58-68 CHARNLEY ROAD						
	BLACKPOOL	Post Code	F	Y	1		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	<input checked="" type="checkbox"/> Miss	<input checked="" type="checkbox"/> Ms		Surname	STEPHENSON		
Forenames	KEVIN					I am 18 years old or over	Please tick Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Home address	6 WESTWELL GROVE								
	BLACKPOOL								
		Post Code	F	Y	1		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

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

LIVING IN A RESIDENTIAL AREA AND ANY HOTEL ASKING FOR LONGER OPENING HOURS WILL CAUSE PROBLEMS FOR RESIDENTS. THERE IS ENOUGH PROBLEMS WITH ALCOHOL ABUSE AND ANTI-SOCIAL BEHAVIOUR WITHOUT ADDING TO THE PROBLEM.

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	24/2/20