

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

05 MAR 2020

# Blackpool Council

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

<b>Applicant Name:</b>	MR. DARREN WILKINSON
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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](http://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	Mrs	Miss	Ms		Surname					
Forenames						I am 18 years old or over	Please tick		Yes	No	
Home address											
						Post Code					
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	THE RESIDENCE HOTEL												
First Names <small>(of person representing the body)</small>	MICHAEL ANDREW					Surname <small>(of person representing the body)</small>	HOYLE						
Home address	THE RESIDENCE HOTEL												
	99-101 HORNBY ROAD												
	BLACKPOOL					Post Code	F	Y	I		4	Q	P
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)

As A BUSINESS OWNER, I AM CONCERNED THAT IF THIS APPLICATION IS GRANTED, IT WILL IMPACT UPON MY BUSINESS.


GENERALLY GUESTS STAY IN HORNBY ROAD BECAUSE IT IS CLOSE TO THE TOWN CENTRE NIGHT LIFE BUT QUIET ENOUGH TO GET A GOOD NIGHT'S SLEEP

I AM CONCERNED THAT IF THIS APPLICATION IS GRANTED, MANY OF MY CUSTOMERS MAY NOT BOOK AGAIN IF THEY HAVE A DISTURBED NIGHT'S SLEEP, WHICH IS VERY LIKELY TO HAPPEN GIVEN THE CONSIDERABLE INCREASE IN TRAFFIC OF BOTH PEOPLE AND CARS THIS IS LIKELY TO BRING, AND ALSO THE NOISE INCREASE AND EXTENDED HOURS THE VENUE WILL BE ABLE TO PLAY LOUD MUSIC UNTIL.

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:
	BUSINESS OWNER	21-02-2020