

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

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

## Section 1 – Premises or Club details

Name & Address of Premises	LAWTON HOTEL									
	58-68 CHARNLEY ROAD									
	BLACKPOOL					Post Code FY1 4PF				

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	<del>Mrs</del>	<del>Miss</del>	<del>Ms</del>	Surname	LAIRD					
Forenames	STEPHEN					I am 18 years old or over	Please tick Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Home address	S FLEET STREET										
	BLACKPOOL										
						Post Code	FY1 4PJ				
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)

ITS TOTALLY UNACCEPTABLE TO EXPECT RESIDENTS OF THIS SURROUNDING AREA TO HAVE TO PUT UP WITH AN INCREASE IN NOISE, TRAFFIC, ANTI SOCIAL BEHAVIOR, LITTERING AND A GENERAL DISRESPECT FOR PEOPLE LIVING IN PROXIMITY TO HIS HOTEL.

THERE IS ABSOLUTLY NO NEED TO INCREASE HIS LICENCE TO EARLY HOURS OF THE MORNING, AS IT WILL HAVE A HUGE IMPACT ON LOCAL RESIDENTS QUALITY OF LIFE.

THERE ARE ELDERS AND CHILDREN LIVING IN THIS AREA AND WE DO NOT WANT THIS ON OUR DOORSTEP.


THERE IS ALREADY AN INCREASE IN TRAFFIC AND PEOPLE NOISE SINCE HIS CAR PARK OPENED, CARS AND PEOPLE ARE USING FLEET STREET TO ENTER AND EXIT WHICH WE WERE NEVER CONSULTED ON.

THIS WOULD HAVE A HUGE DETRIMENTAL EFFECT ON THIS AREA, WE WOULD FEEL INTIMIDATED AND UNEASY IF WE WERE OUT. LATER IN THE EVENING

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:
		21/2/20