

<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

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:	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input checked="" type="checkbox"/> Ms		Surname	HOWELL					
Forenames	CHLOE					I am 18 years old or over	Please tick		Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>
Home address	3 WESTWELL GROVE											
	BLACKPOOL											
	LANCS					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 very strongly disapprove of this for the following reasons.

I have 3 small children aged one month, eight and four. Their health and safety must come first in every aspect. The anti-social behavior which comes hand in hand with intoxicated people can lead to numerous events, vomiting in the streets, loud noise at unsociable hours keep my children awake which will in turn affect their health, the constant noise which will echo early hours in the morning again causing a health issue through lack of sleep, the anxiety that this will cause as a mother will in turn affect my health too.


The worry of fighting, vandalism and foul language again will change a lovely residential street that houses families, elderly and a few severely disabled people could possibly make theirs and our lives a living nightmare.

The additional volume of traffic in an already busy area will again cause worry with people using our street as a cut through and the potential risk of drink driving and the noise levels of traffic early hours in the morning. It must be considered that children, elderly and vulnerable residents need protection from drunk undesirables and the amount of nuisance through crime and disorder allowing this to happen and giving them this licence in a residential area is wrong from the highest level.

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:
	Home owner - resident	22-2-20