Appendix 4 (k)

For Office us	se only
LalPac Application No.	
Licence Number	

0 5 MAR 2020

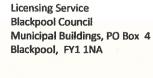
BlackpoolCouncil

Representation in respect of a Premises Licence or Club Premises Certificate

Applicant Name:

MR. DARREN

WILK INSON



Contact

T: (01253) 47 8572 F: (01253) 47 8372

www.blackpool.gov.uk



LS/D/009/15/5

Section 1 - Premises or Club details

Name & Address of	LAWTON HOTEL 58-68 CHARNLE	Y ROAD
Premises	BLACK POOL	Post Code F Y 1 4
Name of the licer	ice holder of the above premises (if ki	nown)
(OPS)	MR. DARREN WILKINSON	d

Section 2 - Your Details

A. Details of individual interested party

Title:	Mr	Mrs	Miss	Ms		Surna	me	R	AYN	OR		
											Pleas	e tick
Forenames	ALB	CRT	KE	VIN				l am 18 or ove	3 years : r	old	Yes	No
Home address		BLA	Aciek	DOL	511	eee-						
	L	ANCA	ASHIR	e E			Pos	st Code	FY		4	PT
Telephone Number					1 1.0 100	obile ımber						
E-Mail Address												

B. Details of other interested parties, such as a body representing residents or businesses

First Names (of person representing the body)	Surname (of person representing the body)	
Home address	Post Code	
Telephone Number	Mobile Number	

Section 3 - Details of the licensing objectives that will be undermined by the application.

(Tick as appropriate)

This representation relates to the following licensing objective/s

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
Date that the previous representation was made:		
I understand that the Licensing Authority is obliged to give notice of a heari all parties to the hearing and this must include a copy of this representation		Yes

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 y	our representation	1: - {Please continue on a	additional sheets if necessary)
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* FEAR	CF	ANTI-	Social	BEHAVIONA
			1	

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.

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.

Signature:	Capacity:	Date:	
St. Ballow	RESIDENT	1/3/20	