

For Office use only	
LalPac Application No.	
Licence Number	

05 MAR 2020

BlackpoolCouncil

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	1		4			

Name of the licence holder of the above premises (if known)

(OPS) 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	RAYNOR			
								Please tick		
Forenames	ALBERT KEVIN					I am 18 years old or over	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Home address	4 FLEET STREET									
	BLACKPOOL									
	LANCASHIRE	Post Code	F	Y	1		4	P	T	
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)

* FEAR OF DISTURBANCE IN
EARLY HOURS OF MORNING
* FEAR OF ANTI-SOCIAL BEHAVIOUR

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:
A. Ragnar	RESIDENT	1/5/20