

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

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](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	1			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	<input checked="" type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input checked="" type="checkbox"/> Ms		Surname	STONEHOUSE				
Forenames	RICHARD					I am 18 years old or over	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Please tick		
Home address	9 WESTWELL GROVE										
	BLACKPOOL										
		Post Code	F	Y	1			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 am disabled, and already find it difficult to get a good night sleep. If this license is granted then I am concerned that my sleep will be further disturbed by late night entertainment, anti social behaviour and noise from intoxicated people shouting up and down the street, together with more traffic and car doors slamming in the early hours of the morning.

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:
	RESIDENT	2.3.20