

Middlesbrough Council

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COMMUNITY PROTECTION SERVICES

Licensing

PO Box 65, Vancouver House, Gurney Street,
Middlesbrough TS1 1QP
Tel: (01642) 245432



Representations On A Current Application For A Grant/Variation of a Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

Before Completing This Form Please Read The Guidance Notes At The End Of The Form

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I (Insert name)

CLEVELAND POLICE

Wish to make representation about the application for variation/grant for a premises licence/club premises certificate (delete as applicable)

PART 1 – PREMISES OR CLUB PREMISES DETAILS

Postal Address of Premises or Club Premises, or if none, Ordnance Survey map reference or description
EUROPEAN DELI LTD
242-244 LINTHORPE ROAD

Post Town
MIDDLESBROUGH

Post Code
TS1 3QP

Name of premises licence holder or club holding club premises certificate (if known)

Number of premises licence or club premise certificate (if known)

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

- | | Please Tick ✓ |
|--|-----------------------------|
| 1) an interested party (please complete (A) or (B) below) | <input type="checkbox"/> |
| a) a person living in the vicinity of the premises | <input type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises | <input type="checkbox"/> |
| c) a person involved in business in the vicinity of the premises | <input type="checkbox"/> |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/> |
| 2) a responsible authority (please complete (C) below) | <input type="checkbox"/> Xx |
| 3) a member of the club to which this representation relates (please complete (A) below) | <input type="checkbox"/> |

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

Mr Mrs Miss Ms Other Title (for example, Rev)

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This representation relates to the following licensing objective(s)

- | | Please
Tick ✓ |
|---|-------------------------------------|
| 1. The prevention of crime and disorder | <input checked="" type="checkbox"/> |
| 2. Public safety | <input type="checkbox"/> |
| 3. The prevention of public nuisance | <input checked="" type="checkbox"/> |
| 4. The protection of children from harm | <input type="checkbox"/> |

Please state the ground(s) for representation. (please read guidance note 1)

Cleveland Police have received an application made under the Licensing Act 2003 for a premises licence to be granted at 242-244 Linthorpe Road, Middlesbrough, TS1 3QP. The applicant is seeking the provision of the sale/supply of alcohol from 09 00hrs until 22 00hrs seven days a week.

Cleveland Police make representations to this application for the following reasons,
The proposed new premise is situated on a busy main thoroughfare into Middlesbrough town centre and is in close proximity to local residents. The area already suffers from high levels of alcohol related crime and disorder and anti social behaviour. The rear of the premises is an area frequented by rough sleepers and people with alcohol dependency issues.

These problems are so significant that the area has been declared by Middlesbrough Council to be a Cumulative Impact Area due to the quantity of Licensed premises already located in this saturated area.

This premises previously had a licence to sell alcohol under a previous operator. That Licence was revoked following the seizure of illicit tobacco.

Cleveland Police are of the view that even with a new operator the addition of another outlet selling alcohol for consumption Off the premises will add to the problems already being experienced and undermine the Crime and Disorder and Public Nuisance licensing objectives.

Further evidence will be provided prior to a Licensing Committee hearing

Please provide as much information as possible to support the representation. (Please read guidance note 2)
Should the application not be withdrawn then further evidence will be provided.

Please
Tick ✓

Have you made any representation relating to these premises before?

X

If Yes, please state the date of that representation

Day		Month		Year			
1	4	1	1	2	0	1	6

If you have made representation before relating to these premises please state what they were and when you made them.

On the 14/11/2016, Representations were submitted with regards to a new application at the premise. The premise previously had a licence but this was revoked on the 27th of July 2015 following a review for sales of illicit tobacco.

How We Collect And Use Information

By completing this document you give Middlesbrough Council the authority to collect and retain information about you for the purpose of the application. In order to process the application we may need to check this information with other enforcement agencies, local authorities or government departments.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other enforcement agencies including those organisations which handle public funds. Middlesbrough Council will not disclose information about you unless the law permits.

Middlesbrough Council is the Data Controller for the purposes of the Data Protection Act. If you want to know more about the information the Authority holds about you or the way the Authority uses that information please contact the Information Security Officer, PO Box 17, Melrose House, 1 Melrose Street, Middlesbrough, TS1 2YW.

Part 3 – Signatures (Please read guidance note 3)

Signature of representative or representative's solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature	JASON ARBUCKLE	Date	01/04/2019
Capacity	POLICE OFFICER		

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5)

Middlesbrough Police HQ,
Bridge Street West,

Post Town
Middlesbrough

Post Code
TS2 1AB

Telephone Number (if any) | 01642 303175

E-mail Address (optional)	Jason.arbuckle@cleveland.pnn.police.uk
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Notes for Guidance

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address, which we shall use to correspond with you about this representation.
6. Information on the Licensing Act 2003 is available at www.middlesbrough.gov.uk and you are advised to read any relevant guidance leaflets before completing this form.