

Middlesbrough Council

www.middlesbrough.gov.uk

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)

Paul Higgins

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
37 Norcliffe Street

Post Town Middlesbrough	Post Code TS3 6PN
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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 checked="" type="checkbox"/> |
| 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)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Mr

Mrs

Miss

Ms

Other Title (for example, Rev)

Surname

First Names

I am 18 years old or over

Yes

(Please Tick)

Current Address			
Post Town		Post Code	

Daytime contact telephone number

E-mail address (optional)

(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g. Body or Business)

Name and Address

Telephone Number (If any)	
E-Mail address (optional)	

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address CHIEF CONSTABLE OF CLEVELAND POLICE C/O POLICE SERGEANT 944 HIGGINS MIDDLESBROUGH POLICE HQ BRIDGE STREET WEST MIDDLESBROUGH TS2 1AB

Telephone Number (If any)	01642 303175
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E-Mail address (optional)	

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 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 a new application from Mark Antony McNULTY in relation to a personal licence.

It is of concern to Cleveland Police that McNULTY has a conviction which is classed as a relevant offence under Schedule 4 of the Licensing Act 2003. This relates to an offence of Burglary whereby McNULTY has sneaked into a Hotel and gained entry to the upper floors via the stairwell. He then forced entry into a secure room, kicking down the door, before moving the television with the intent to steal. McNULTY received a 9 month sentence of imprisonment regarding this and a further 6 months concurrent for failing to appear at court.

Cleveland Police believe that the prevention of crime and disorder objective will be undermined if this application is granted as McNULTY will be in charge of a premise supplying alcohol.

Please provide as much information as possible to support the representation. (Please read guidance note 2)

In the event that the above application is not agreed, further evidence will be provided in the near future.

Please Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

Day	Month	Year

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

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		Date	30/04/2012
Capacity			

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

Post Town	Post Code
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Telephone Number (if any)	
E-mail Address (optional)	

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.