

**FOR THE CHAIR AND MEMBERS OF  
THE LICENSING SUB-COMMITTEE  
FOR 14 MARCH 2013**

## **APPLICATION FOR PREMISES LICENCE**

**Applicant:** Sandy's Mini Market

**Ref.No.** PR0331

**Premises:** Addington Drive, Pallister Park, Middlesbrough TS3 8HR

**Application received:** 17 January 2013

### **Summary of proposed Licensable Activities:**

Supply of Alcohol off the Premises: 11am to 10pm Mon to Sat, 11am to 9pm Sun

**Full details of the application and accompanying operating schedule have been reproduced at Appendix 1.**

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### **1. Notification to Responsible Authorities:**

The following Responsible Authorities have all received notification of the application:

Chief Constable	Planning Manager
Chief Fire Officer	Trading Standards Manager
Area Child Protection Group	Environmental Health Manager (Public Safety and Public Nuisance)
Director of Public Health	

**2. Application advertised by the applicant:** Evening Gazette, 19 January 2013

### **3. Legislation**

The Licensing Act 2003 requires the Licensing Authority to carry out its functions with a view to promoting the four licensing objectives:

- The Prevention of Crime and Disorder
- Public Safety
- The Prevention of Public Nuisance
- The Protection of Children from Harm

The Licensing Authority must also have regard to its Licensing Policy and any guidance issued by the Secretary of State.

#### **4. Background**

These premises currently trade as a convenience store in a predominantly residential area of the town. A map showing the location of the premises is attached at Appendix 2

#### **5. The Representations**

On 7 February 2013 a representation was received from Pallister and Town Farm Community Council which objected to the application on the grounds of the Prevention of Crime and Disorder, Public Nuisance and the Protection of Children from Harm. A copy of the representation is attached at Appendix 3.

On 12 February 2013 a representation was received from Cleveland Police which objected to the application on the grounds of the Prevention of Crime and Disorder, Public Safety, the Prevention of Public Nuisance and the Protection of Children from Harm. A copy of this representation is attached at Appendix 4.

#### **6. The Licensing Policy**

Members are referred to the following relevant sections of the Council's Licensing Policy.

Prevention of Public Nuisance	Pages 23 to 29
Public Safety	Pages 30 and 31
Prevention of Crime and Disorder	Pages 32 to 42
Protection of Children from Harm	Pages 43 to 46

And any other sections of the Policy which Members consider to be relevant.

#### **7. Guidance to the Licensing Act 2003**

Members are referred to the following relevant sections of the Guidance.

Prevention of Public Nuisance	Starting at para 2.18
Public Safety	Starting at para 2.8
Prevention of Crime and Disorder	Starting at para 2.1
Protection of Children from Harm	Starting at para 2.25

And any other sections of the Guidance which Members consider to be relevant.

#### **8. Members' Options**

Members may consider the following options:

1. Grant the application subject to conditions consistent with the operating schedule and mandatory conditions if applicable.
2. Grant the application subject to the addition of new conditions.
3. Refuse to specify a person in the licence as the premises supervisor.
4. Reject the whole or part of the application.

Members are reminded that any aggrieved party (i.e. Applicant, Responsible Authority, Interested Party) may appeal any decision of the Licensing Committee to the Magistrates' Court.

Contact Officer: John Hodgson  
Senior Licensing Officer  
Tel. 728719  
Date: 14 March 2013

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**For admin use only:**

Decision:

Reasons:

Application for a premises licence to be granted  
under the Licensing Act 2003

REC-582522

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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/We SANDYS MINI MARKET LTD.  
(Insert name(s) of applicant)

apply for a premises licence under Section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with Section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
ADDINGTON DRIVE PALLISTER PARK			
Post town	MIDDLESBROUGH	Post code	TS3 8HR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 2650

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as  
Please tick yes

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)

- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	SANDYS MINI MARKET LTD.
Address	ADDINGTON DRIVE PALLISTER PARK MIBRO TS3 8HR
Registered number (where applicable)	07662524
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY EMMA ATKINS & MICHAEL OGARA (DIRECTORS)
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
1	3	02 20 13

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

Off licence & Convenience store

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see Sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

**Please tick yes**

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

**A**

Plays Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Wed			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					



**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Tue					
			<b><u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Wed					
Thur					
Fri					
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Tue					
			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Wed					
Thur					
Fri					
Sat					
Sun					

H

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p><b><u>Please give a description of the type of entertainment you will be providing</u></b></p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Wed					
Thur			<p><b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)</p>		
Fri					
Sat			<p><b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)</p>		
Sun					

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Mon				
Tue			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Wed				
Thur			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Fri				
Sat				
Sun				



J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u></b> (see guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>			
Day	Start	Finish				
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)			
Thur						
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sat						
Sun						

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	11am	10pm			
Tue	11am	10pm			
Wed	11am	10pm			
Thur	11am	10pm			
Fri	11am	10pm			
Sat	11am	10pm			
Sun	11am	9pm			
			<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	LYNN ATKINS
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	MIDDERDALE

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	8am	<del>10:30pm</del>	<p><b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

I HAVE HAD CCTV INSTALLED THROUGHOUT SHOP FLOOR AND THE SURVEILLANCE FOOTAGE WILL BE HELD FOR 31 DAYS OR MORE IF REQUIRED. THE LOCAL STREET WARDENS ARE A BENEFICIAL STEP TO OUR SHOP. WE INTEND TO INTRODUCE CHALLENGE 25 WITH THE ALLOWANCE WE HAVE ALREADY DONE SO WITH THE SALE OF CIGARETTES + CONTRABAND. I HAVE PUT A CLOSE RELATIONSHIP WITH THE LOCAL COMMUNITY.

b) The prevention of crime and disorder

CCTV INSTALLED - RECORDINGS UP TO ~~30~~ 31 DAYS.  
INCIDENT BOOK  
CHALLENGE 25  
STAFF TO BE TRAINED TO DEAL WITH UNDESIRABLE SITUATIONS.

c) Public safety

ACCIDENT BOOK  
FIRE EXTINGUISHERS

d) The prevention of public nuisance

ENSURE NO CRUDES + TRASHY MATERIALS ARE DISPENSED AND TRASH FROM THE LOCAL STREET WARDENS IS INFORMED APPROPRIATELY.

e) The protection of children from harm

USE CHALLENGE 25 POLICY + KEEP A REGISTER OF PEOPLE WHOM HAVE BEEN REFUSED.  
SIGNAGE FROM LICENSE POLICE TO BE ON SIGN.

Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

**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**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	E. ATKINS
Date	9/11/12
Capacity	DIRECTOR

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	M. W. G. A. C. A.
Date	9/11/12
Capacity	DIRECTOR

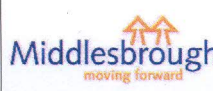
**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.





<b>Sandys Mini Market, Addington Drive</b>	
<i>Head of Service:</i> John Wells	<i>Ref:</i>
<i>Service Area:</i> CPS	<i>Scale:</i> 1:300
<i>Created by:</i> Ian Davies	<i>Date:</i> 26th February 2013

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# PALLISTER AND TOWN FARM COMMUNITY COUNCIL

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Chair: Mick Thompson

Secretary: Catherine Hughes

1<sup>st</sup> February 2013

Reference Sandy's Mini Market, Addington Drive, Pallister Park, Middlesbrough TS3 8HR

To the Licensing Officer

At the recent Pallister & Town Farm Community Council meeting held on Wednesday 30<sup>th</sup> January 2013 we were informed during the regular police report of major incidents of anti social behaviour and nuisance on Addington Drive, Cranmore Road and Charlbury Road. These were occurring between 10.00hrs and 11.00hrs and again between 16.00hrs and 22.00 hours and involved young people between the ages of 13 and 16 years of age who were deemed too young to enter a public house, but had been drinking in a gathering place on a field nearby. The problems were so major as to identify this as a current policing priority in Pallister Park.

Pallister Park is identified as an area of multiple deprivations in Middlesbrough, with complex social problems including alcohol abuse, (especially underage drinkers) with subsequent alcohol related crime such as domestic violence.

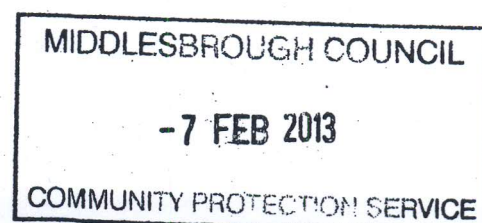
The Community Council members were horrified that yet another license is being applied for in the heart of the community, especially right next door to already licensed premises i.e. The Quoits Club. The residents feel that the area is saturated with alcohol outlets, including local pubs, clubs and off licenses on Cargo Fleet Lane and Norfolk Shops.

The members understand that the applicant will maintain that checks and balances will be in place to prevent under 18's purchasing alcohol on his or her premises, as do all licensees, but that does not seem to prevent young people continuing to obtain alcohol on a massive scale.

The Community Council wish to strongly object to the granting of this license and feel it will add to the problems of Pallister Park and Town Farm that the Community Council members work so hard to address.

Mick Thompson – Chair

Cllr Eddie Dryden (Acting Vice Chair)



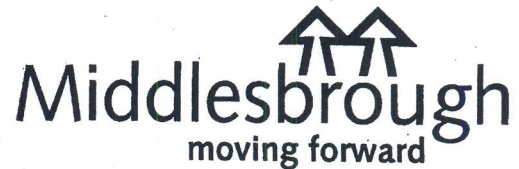
# Middlesbrough Council

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)

Marie Nevison

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	
Sandy's Mini Market Addington Drive Pallister Park	
Post Town Middlesbrough	Post Code TS3 8HR
Name of premises licence holder or club holding club premises certificate (if known)	
N/A	
Number of premises licence or club premise certificate (if known)	
N/A	

### PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

- |  | Please<br>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)**

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

Surname

First Names

I am 18 years old or over Yes  (Please Tick)

Current Address	<input type="text"/>		
Post Town	<input type="text"/>	Post Code	<input type="text"/>

Daytime contact telephone number

E-mail address (optional)

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

Name and Address	<input type="text"/>
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Telephone Number (If any)	<input type="text"/>
E-Mail address (optional)	<input type="text"/>

**(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION**

Name and Address	CHIEF CONSTABLE OF CLEVELAND POLICE C/O POLICE SERGEANT 944 HIGGINS MIDDLESBROUGH POLICE LICENSING UNIT BRIDGE STREET WEST MIDDLESBROUGH TS2 1AB
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Telephone Number (If any)	01642 303174
E-Mail address (optional)	

This representation relates to the following licensing objective(s)

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

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

This is a representation by Cleveland Police following an application for a premises licence from 11.00 – 22.00 hours Monday – Saturday and from 11.00 – 21.00 on Sundays. Cleveland Police make representations for the following reasons:

The premises is situated in an area which already suffers from alcohol related crime and disorder and youths congregating in the vicinity fuelled with alcohol. In addition to this, the premises is situated in a residential area. Cleveland Police are of the opinion that if this premises licence is granted, it will exacerbate the problems already associated with the area and will have a detrimental effect on nearby residents. Cleveland Police believe that the impact will be that all four licensing objective will be undermined and therefore, have no alternative but to make representations to the application.

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

In the event that this application is not withdrawn, further evidence will be provided by Cleveland Police.

Have you made any representation relating to these premises before? Please Tick ✓

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	Marie Nevison	Date	12 <sup>th</sup> May 2013
Capacity	Solicitor		

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)	marie.nevison@cleveland.pnn.police.uk

### **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](http://www.middlesbrough.gov.uk) and you are advised to read any relevant guidance leaflets before completing this form.