

**FOR THE CHAIR AND MEMBERS OF
THE LICENSING SUB-COMMITTEE
FOR**

APPLICATION FOR PREMISES LICENCE

Applicant: Mitchells and Butlers Leisure Retail Ltd

Ref.No. PR0253

Premises: Vintage Inn, Greytowers Farm, Nunthorpe, Middlesbrough TS7 0NF

Application received: 18 December 2014

Summary of proposed Licensable Activities:

Recorded Music:	11.00am to 12 midnight daily
Supply of Alcohol:	11.00am to 12 midnight daily
Late Night Refreshment:	11.00pm to 12 midnight daily

Full details of the application and accompanying operating schedule, including changes following consultation with Police, the Council's Environmental Health Officer and the Council's Planning Officer, have been reproduced at Appendix 1.

1. Notification to Responsible Authorities:

The following Responsible Authorities all received notification of the application:

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

2. Application advertised by the applicant: Evening Gazette – 23 December 2014

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.

Middlesbrough Borough Council

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

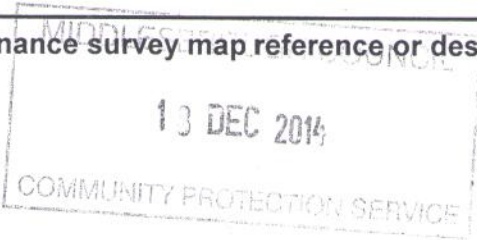
PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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.

We Mitchells & Butlers Leisure Retail Limited

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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			
Vintage Inn Greytowers Farm Nunthorpe			
			
Post town	Middlesbrough	Post code	TS7 0NF

Telephone number at premises (if any)	None at present
Non-domestic rateable value of premises	None at present

Part 2 - Applicant Details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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)	
Surname			First names		
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)					

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)	
Surname			First names		
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 Mitchells & Butlers Leisure Retail Limited
Address 27 Fleet Street Birmingham B3 1JP
Registered number (where applicable) 1001181
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 0121 498 4000
E-mail address (optional) licensing.admin@mbplc.com

Part 3 Operating Schedule

When do you want the premises licence to start?

FROM THE DATE ON WHICH THE COUNCIL ARE NOTIFIED THAT THE WORKS HAVE BEEN COMPLETED

Day Month Year

--	--	--	--	--	--	--	--	--	--

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

Day Month Year

--	--	--	--	--	--	--	--	--	--

A

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

The licensed area will be located on the ground floor of the premises.

There is also an external garden area outside for the consumption of food and drink which is located at the front and right hand side of the premises.

Vintage Inns is a family friendly restaurant tailored as a Country pub and restaurant.

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

N/A

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 late night refreshment (if ticking yes, fill in box I)

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

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)	
Day	Start	Finish	 State any seasonal variations for indoor sporting events (please read guidance note 4) 	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<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> (please read guidance note 5)	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish	 Please give further details here (please read guidance note 3) 		Outdoors	<input type="checkbox"/>
Mon					Both	<input type="checkbox"/>
Tue					<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
Wed						
Thur					<u>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</u> (please read guidance note 5)	
Fri						
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	10:00	00:00	Please give further details here (please read guidance note 3) Amplified music played through an in-house sound system.		
Tue	10:00	00:00			
Wed	10:00	00:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	10:00	00:00			
Fri	10:00	00:00	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 (please read guidance note 5)		
Sat	10:00	00:00			
Sun	10:00	00:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)			
Thur						
Fri			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 (please read guidance note 5)			
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing			
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
Mon					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)			
Fri						
Sat			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 (please read guidance note 5)			
Sun						

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Hot food and hot drinks		
Mon	23:00	00:00			
Tue	23:00	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	23:00	00:00			
Thur	23:00	00:00	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 (please read guidance note 5)		
Fri	23:00	00:00			
Sat	23:00	00:00			
Sun	23:00	00:00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10:00	00:00			
Tue	10:00	00:00	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 (please read guidance note 5)		
Wed	10:00	00:00			
Thur	10:00	00:00			
Fri	10:00	00:00			
Sat	10:00	00:00			
Sun	10:00	00:00			

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

<p>Name</p> <p>The premises are not yet constructed. An application to specify the Designated Premises Supervisor will be made prior to the opening of the site.</p>

Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

K

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)

None

L

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	10:00	00:30	
Tue	10:00	00:30	
Wed	10:00	00:30	
Thur	10:00	00:30	
Fri	10:00	00:30	
Sat	10:00	00:30	
Sun	10:00	00:30	

M 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)

We train all staff in the standards required by the relevant legislation and as required by company policy.

b) The prevention of crime and disorder

A digital CCTV system shall be installed at the premises and maintained in good working order and used at all times when the premises are open for licensable activities. Any CCTV footage shall be kept for at least 28 days and shall be available to the Licensing Authority or Police on request.

c) Public safety

We understand our obligations under existing legislation, and take our responsibility seriously.

d) The prevention of public nuisance

1. Having regard to the style of the premises and the licensable activities being applied for, it is not envisaged that there will be any adverse impact upon this objective.
2. Reasonable steps will be taken to recognize the needs of local residents and/ or businesses and to encourage customers to leave the premises quietly. Clear and legible signage will be prominently displayed within the premises at each exit requesting that patrons leave the premises in a quiet and orderly manner.

e) The protection of children from harm

1. We will at all times ensure that the manager and staff are trained in the importance of their responsibilities in ensuring that customers who request alcohol are over 18.
2. The premises will adopt a 'Challenge 21' and any person wishing to purchase alcohol who appears to be under 21 shall be asked to produce an acceptable form of identification (photographic driving licence, passport, PASS accredited and/or armed forces card).

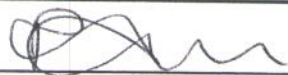
Please tick yes

- I have made or enclosed payment of the fee or
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
- 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 designated 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	
Date	17.12.14
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

For joint applications signature of 2nd applicant or 2nd 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	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Lisa Sharkey Poppleston Allen 37 Stoney Street The Lace Market			
Post town	Nottingham	Post code	NG1 1LS
Telephone number (if any)	0115 9538504		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
l.sharkey@popall.co.uk			

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.

**Additional Conditions and Changes to Hours of Licensable Activities Agreed
Subsequent to Submission of Application**

The initial application requested that the Supply of Alcohol and Recorded Music commence at 10.00am. Following consultation with the Council's Planning Officer the Applicant amended the Application to bring the opening hours and licensable activities in line with the planning permission, commencing at 11.00am.

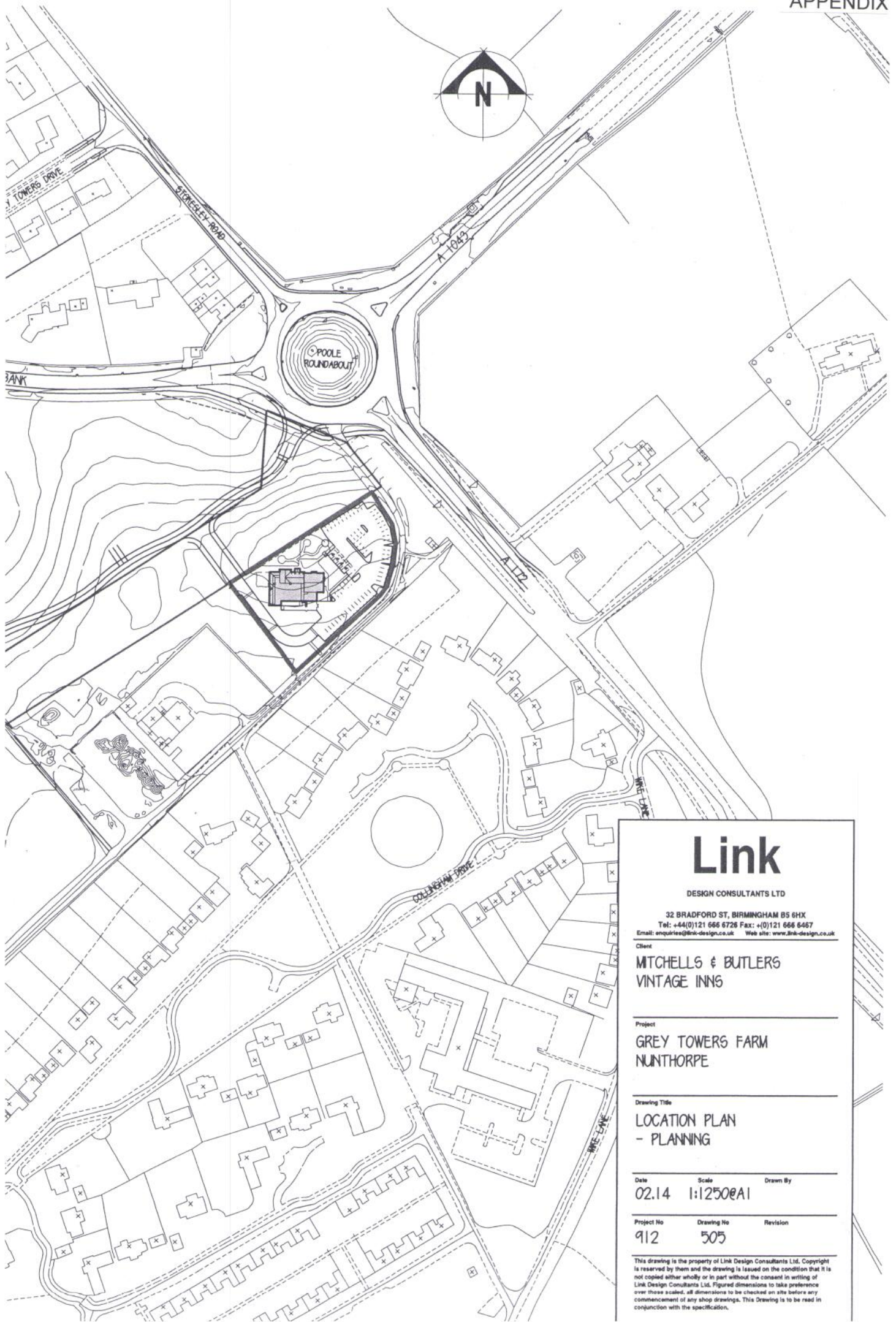
Condition agreed with Environmental Health Officer:

Other than for access and egress, inner doors and windows shall be kept closed when recorded music (other than background music) is played within the premises.

Conditions agreed with Police:

A digital colour CCTV system with recording equipment shall be installed and maintained to cover internal areas of the premises in consultation with and in accordance with reasonable requirements of Cleveland Police licensing department. The system shall record at all times and the recordings shall be retained for a period of 31 days. Upon reasonable request of the police and other responsible authorities a copy of the footage shall be available on disc. (This condition replaces the CCTV condition in the original application)

An incident book shall be kept on the premises at all times and used to record any incidents that occur at the premise. The incident book shall be made available on request of police and other responsible authorities.



Link

DESIGN CONSULTANTS LTD

32 BRADFORD ST, BIRMINGHAM B5 6HX
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 Email: enquiries@link-design.co.uk Web site: www.link-design.co.uk

Client

**MITCHELLS & BUTLERS
VINTAGE INNS**

Project

**GREY TOWERS FARM
NUNTHORPE**

Drawing Title

**LOCATION PLAN
- PLANNING**

Date	Scale	Drawn By
02.14	1:1250@A1	

Project No	Drawing No	Revision
912	505	

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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)

ANGELA LIVINGSTONE

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 VINTAGE INN GREYTOWERS FARM NUNTHORPE	
Post Town MIDDLESBROUGH	Post Code TS7 0NF.
Name of premises licence holder or club holding club premises certificate (if known) MITCHELL & BUTLERS LEISURE RETAIL LTD.	
Number of premises licence or club premises certificate (if known)	

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

- 1) an interested party (please complete (A) or (B) below)
 - a) a person living in the vicinity of the premises
 - b) a body representing persons living in the vicinity of the premises
 - c) a person involved in business in the vicinity of the premises
 - d) a body representing persons involved in business in the vicinity of the premises
- 2) a responsible authority (please complete (C) below)
- 3) a member of the club to which this representation relates (please complete (A) below)



(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"/>
------------------	----------------------

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

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address	Mrs ANGELA LIVINGSTONE PARISH CLERK NUNTHORPE PARISH COUNCIL % 1 MUIRFIELD NUNTHORPE MIDDLESBROUGH TS7 0JN
------------------	--

Telephone Number (If any)	01642 274283
E-Mail address (optional)	nunthorpeparishclerk@hotmail.co.uk

This representation relates to the following licensing objective(s)

- | | Please
Tick ✓ |
|---|-------------------------------------|
| 1. the prevention of crime and disorder | <input 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)

PARISH COUNCILLORS REPRESENTING THE RESIDENTS OF
NUNTHORPE HAVE CONCERNS REGARDING THE PREVENTION
OF PUBLIC NUISANCE.

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

THE PARISH COUNCIL HAS CONCERNS RELATING TO THE PUBLIC HOUSE APPLYING TO SERVE ALCOHOL & PLAY MUSIC UNTIL MIDNIGHT, SEVEN DAYS PER WEEK.

THIS CONCERN IS FOR ANTI-SOCIAL BEHAVIOUR/NOISE IN AN AREA CLOSE TO HOMES, AND IN AN AREA WITH A LARGE POPULATION.

THERE ARE CONCERNS THAT THE MAJORITY OF OTHER PUBLIC HOUSES FINISH SERVING ALCOHOL AT 11PM AND THAT THIS PUBLIC HOUSE WOULD BE USED IN EXCESS AFTER OTHER ESTABLISHMENTS CLOSE, CAUSING A NUISANCE AFTER 11PM.

THE PARISH COUNCIL DOES NOT SEE A REQUIREMENT FOR THE LICENCE TO BE GIVEN LATER THAN 11PM.

Please
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

Day	Month	Year
20	03	2014

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

OBJECTION TO THE PLANNING APPLICATION DUE TO
INTRUSION TO NEIGHBOURS, TRAFFIC, ROAD CONDITIONS.

How We Collect And Use Information

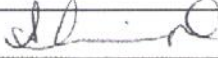
By completing this document you give Middlesbrough Council the authority to collect and retain information about you for the purpose of the application. In order to process the application we may need to check this information with other enforcement agencies, local authorities or government departments.

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

Signature		Date	12-1-15
Capacity	CLERK TO NUNTHORPE PARISH COUNCIL		

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

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 _____ and you are advised to read any relevant guidance leaflets before completing this form.