

Middlesbrough
Council



Application for a Premises Licence to be granted
under the Licensing Act 2003

MIDDLESBROUGH COUNCIL
23 DEC 2015
LICENSING

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 ANNEMARIE EMAKPOR
(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 <u>16 GARRETT WALK</u>			
Post town	<u>MIDDLESBROUGH</u>	Postcode	<u>TS1 5NE</u>
Telephone number at premises (if any)	<u>01642 913100</u>		
Non-domestic rateable value of premises	<u>£ 4,800</u>		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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)

23/12/15
0190
550375

- 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname EMAKPOR			First names ANNEMARIE		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		3 CRESTWOOD THORNTREE			
Post town	MIDDLESBROUGH	Postcode	TS3 9RA		
Daytime contact telephone number		01642 913100/07900581060			
E-mail address (optional)	c.jeverydayessentials@hotmail.com				

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY					
1	1	1	1	1	1	1	1

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

DD	MM	YYYY					
1	1	1	1	1	1	1	1

Please give a general description of the premises (please read guidance note 1)

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 any that apply

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
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 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			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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 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 playing of recorded music (please read guidance note 4)			
Thur						
Fri			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						
Sun						

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue			State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed			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)		
Thur					
Fri					
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					

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 type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<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> (please read guidance note 5)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption - please tick (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	State any seasonal variations for the supply of alcohol (please read guidance note 4)							
Mon	09:00	20:00								
Tue	09:00	20:00								
Wed	09:00	20:00								
Thur	09:00	20:00					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)			
Fri	09:00	20:00								
Sat	08:00	20:00								
Sun	08:00	20:00								

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

Name Annemarie EMAKPOE	
Address 3 CRESTWOOD THORNTREE MIDDLESBROUGH	
Postcode	TS3 9RA
Personal licence number (if known) MBRO/PL 1184/083429	
Issuing licensing authority (if known) MIDDLESBROUGH	

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).

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	08:00	20:00	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 (please read guidance note 5)
Tue	08:00	20:00	
Wed	08:00	20:00	
Thur	08:00	20:00	
Fri	08:00	20:00	
Sat	09:00	20:00	
Sun	08:00	20:00	

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

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

To ENSURE ALL SIGNS VISIBLE IN AND OUTSIDE OF SHOP.
ENSURE SUPERVISOR IS PRESENT AT ALL TIMES DURING
OPENING HOURS.
ENSURE ALL STAFF ARE TRAINED TO THE HIGHEST STANDARD
AND UNDERSTAND THE IMPACT AND CONSEQUENCES OF ANY WRONGDOING.
INSTALL COLOURED CCTV INSIDE/OUTSIDE PROPERTY.

b) The prevention of crime and disorder

CHALLENGE 2S POLICY IN PLACE. ALL STAFF TRAINED ON
THIS AND BADGES WORN AT ALL TIMES.
NO SALE NO ID FACT ON SHOW.
ENSURE ANY SUSPICIOUS BUYING OF ALCOHOL OR CIGARETTES
IS REFUSED.

c) Public safety

NOTIFY POLICE OF ANY SUSPICIOUS BEHAVIOUR EITHER BY
INDIVIDUAL OR GROUP OF PEOPLE.
SALE OF ALCOHOL TO AN INDIVIDUAL OR GROUP OF PEOPLE
WHO ARE ALREADY DRUNK AND DISORDERLY REFUSED.
FIRE ALARMS FITTED FOR HEALTH + SAFETY.
FIRE EXIT ON SHOW.

d) The prevention of public nuisance

ALL ACTS OF NUISANCE INSIDE/OUTSIDE SHOP SURROUNDINGS
WILL BE NOTIFIED TO POLICE IMMEDIATELY.
ENSURE GENERAL SURROUNDINGS ARE CLEAN, TIDY AND
SECURE WITHIN THE SHOP AREA.
PREVENT ANY NOISE FROM THE SHOP TO ROADSIDE.
BIN IN DESIGNATED AREA.

e) The protection of children from harm

STRICTLY NO ALCOHOL/TOBACCO TO AGE UNDER 18.
SUPPORTED BY SIGNS AND WEARING BADGE ON SHIRT.
ENSURE ALL SIGNS ARE VISIBLE FOR CONSTANT EDUCATION.
ENSURE ALL UNDER 25'S PROVIDE ID OR SALE WILL BE
REFUSED.
CONSTANT MONITORING ADULT OFFENDERS BUYING FOR UNDER 18'S.
ALCOHOL/TOBACCO ARE REPORTED TO POLICE WITH IMMEDIATE
EFFECT.

Checklist:

Please tick to indicate agreement

- 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 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	<i>A. [Signature]</i>
Date	23/12/15
Capacity	OWNER / MANAGER

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	

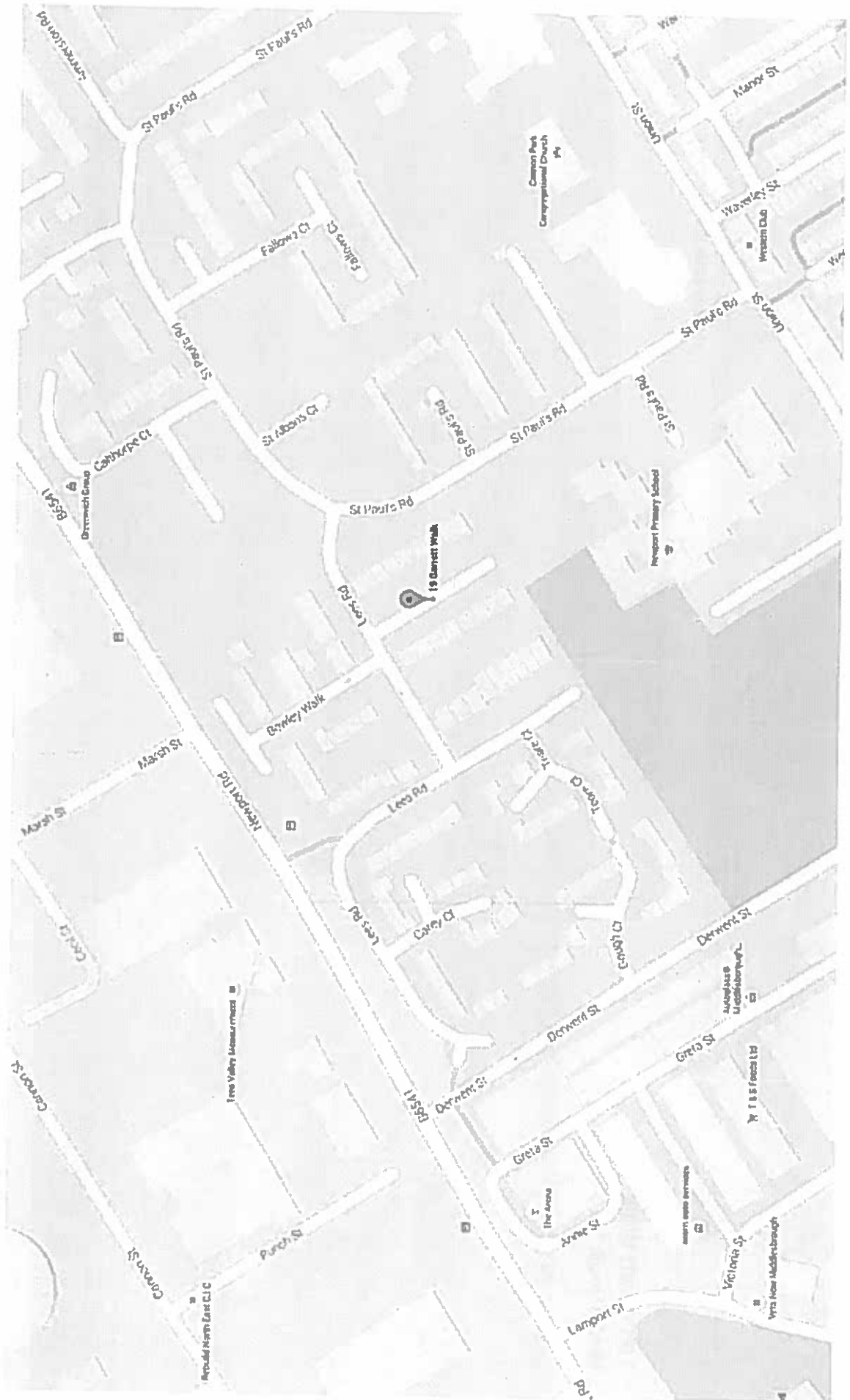
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town		Postcode	
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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

19 Garrett Walk



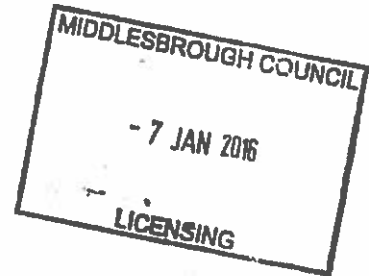
APPENDIX 3

Cllr Linda Lewis
Cllr Zafar Uddin
Municipal Buildings
Middlesbrough

6th January 2016

Dear Sirs

Ref: Alcohol Licence Application - 16 Garret Walk



We wish to make a formal objection to the above application to sell alcohol 'off' these premises Monday to Friday between 9am and 8pm and at weekends 8am to 8pm.

This shop is close to Newport School, which a number of our resident's children attend and in an area populated by families with young children. Local residents have expressed their concerns that such an application could be given consideration, when so close to a primary school* and the community hub. The Hub @ Newport Settlement provides activities for young people after school, some which finish at 9pm and also activities for local elderly residents which finish at 10pm.

Last summer the area was beset with anti-social behaviour which residents, young people and various agencies worked together to resolve to make the area a good place for young people and the elderly alike.

Local residents are concerned that an off-licence would result in drink related anti-social behaviour, which, they had previously experienced in 2014. Also there are concerns that a shop in this vicinity would encourage young people to drink by making alcohol accessible locally and raises the spectre of safeguarding issues.

The licencing objectives and standards states the Act requires the Licencing Authority to consider the protection of children from harm and public safety. We feel this is appropriate not only as children may partake of alcohol but that they would witness inappropriate behaviour as a result of adults drinking during the break times at school and also at home times. Also, elderly residents could be intimidated by undesirables loitering in the area at a time

when the social isolation and loneliness of the elderly in particular is making national headlines.

The LAPE (Local Alcohol Profile England) rates Middlesbrough as having among the top 10 in alcohol related A&E admissions and we also have 5.2 per 1000 population of adults in specialist treatment – 5th highest in England. These are not statistics to be proud of and anything we can do to elevate these problems should be a priority.

We also feel that the sale of alcohol will have a negative impact on the environment with increased litter, broken bottles and discarded cans etc. There are numerous out-lets already in the area not counting the local supermarkets which are open from early morning until late at night.

Yours faithfully



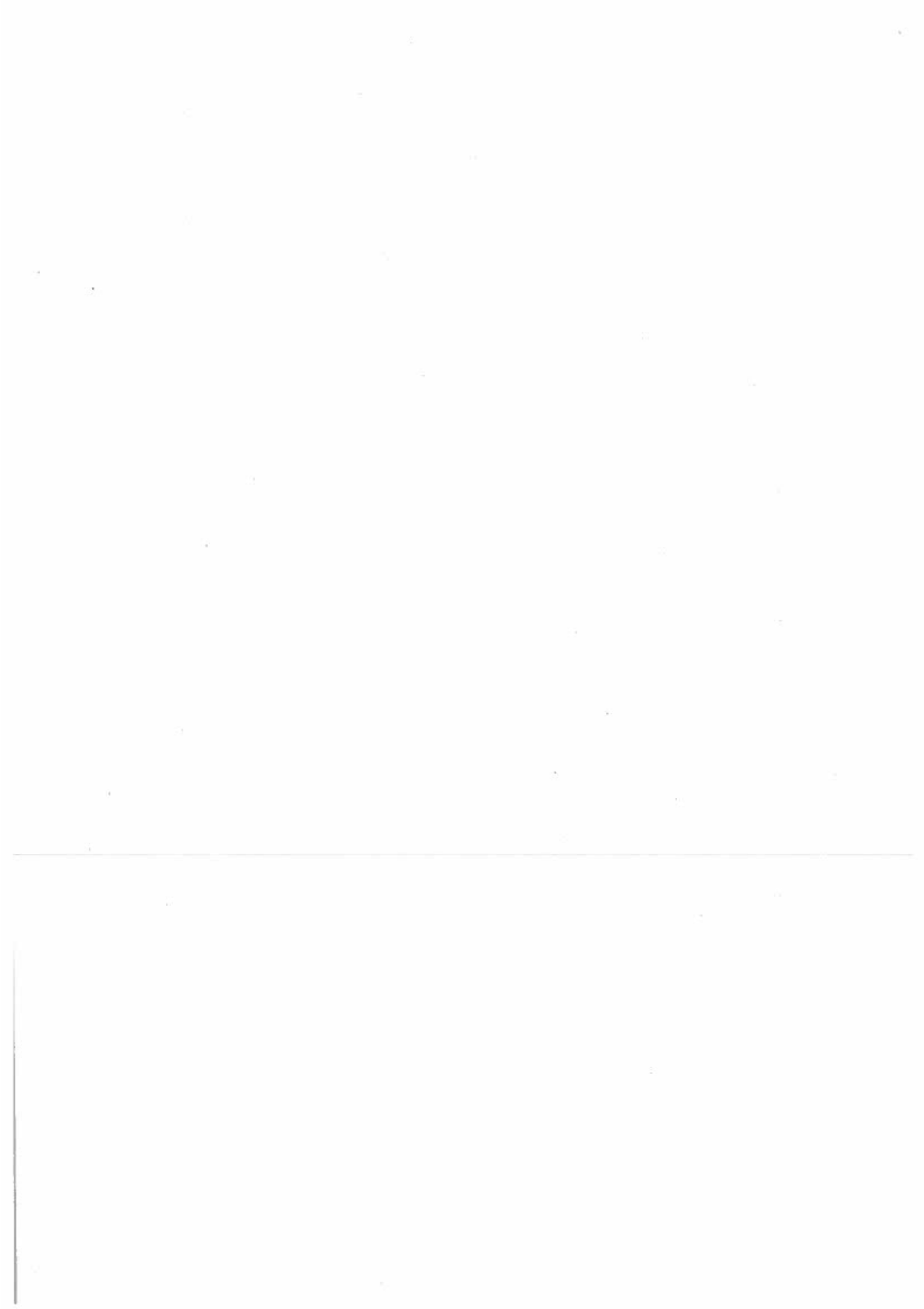
Cllr L. Lewis & Cllr Z. Uddin
Representing Central Ward

*see enclosed photograph



School Entrance & Playground

Shop Entrance



PETITION FOR ALCOHOL LICENCE / PREMISE LICENCE
16 GARRETT WALK C + JEWELRY DAY ESSENTIALS

APPENDIX 4

<u>Name</u>	<u>Address</u>	<u>Signature</u>
K Wood	28 GARRETT WALK	K Wood
I Ward	24 fallows Ct	M Ward
Gault	19 Bowley	Gault
Wright	22 Bowley	Wright
Ford	20 St Pauls Road	Ford
WALS	22 St Pauls Road	WALS
Green	14 St Pauls Road	Green
Harrison	47. Victoria road	Harrison
Smith	14 St Pauls	Smith
Eligiatu	49 Parliament Road	Eligiatu
sema Mohammadi	46 Albany street	sema Mohammadi
MAK MUKD	8 falmouth c st	MAK MUKD
Et'ya Kbbashi	27 Parliament st.	Et'ya Kbbashi
Depece	311 Martin Road	Depece
Adegokun	9 Waterloo road	Adegokun
Schad	8 Southwell	Schad
HABIB SAHAW	24 Fitch Close	HABIB SAHAW
Wagner	24 Bowley walk	Wagner
NY JONES	55 Hartington Rd Station	NY JONES
Ben Cökson	24 Bowley walk	Ben Cökson
WANG ELLER	22 St Pauls Rd	WANG ELLER
ANTHONY IWEJA	10 Castlewood	ANTHONY IWEJA
Agwelay	32 Fosdyke Green	Agwelay
Broughton	24 Indisfene rd	Broughton
PANASS	9 Caven Close	PANASS
Anderom	15 Bowley walk	Anderom
Mc GEE	2 Calthorpe Court	Mc GEE
Chelton	82 Glouce Road	Chelton
	18 HEADLAM CT	E SANDENGT.
Danny Smith	38 Moorlock Close	D. Smith

PETITION FOR ALCOHOL LICENCE / PREMISE LICENCE
16 GARRETT WALK (+ EVERYDAY ESSENTIA)

Name	Address	Signature
Joseph - Roome	152 Parliament Road	Roome
Joe Miller	30 Follows Court	Miller
David Crown	30 Follows Court	Crown
J. MELTON	5 McCreeta St Northamsey	J. Melton
? Lawson	5 McCreeta St Northamsey	Lawson
- Chiffchase	51 Worsall Road	Chiffchase
17 Finmore	24 GARRETT WALK	Finmore
John	15 Calthorpe Court	John
Ben Hainwell	19 Wicklow Street	Hainwell
David Crown	30 Follows Court	Crown
David Bradshaw	33 H. St. R. St	Bradshaw
ROSS BROWN	45 DORMAN GARDEN	Brown
HARDMAN	20 Petrol Close	Hardman
Walker	25 Petrol Close	Walker
Saba & a	17 Foxheads	Saba
Henderson	22 Garrett walk	Henderson
3 Pelling	8 Teare Close	Pelling
3 Newie	8 Teare Close	Newie
1. NAWAYE	10 Bowley walk	Nawaye
BLOGG	15 TEARE CLOSE	Blogg
A. MATTHEWS	- " -	Matthews
C. MATHEWS	- " -	Matthews
D. MATHEWS	- " -	Matthews
S. BLOGG	- " -	Blogg
3 Neale	18 Grantham Green	Neale
P. MURPHY	35 Follows Ct	Murphy
PAUL HILL	23 Anniston Road	Hill
	33 Follows	

PETITION FOR DRINK LICENCE OF 16
GARRETT WALK CTJ EVERYDAY ESSENTIALS

name	Address	SIGNATURE
[Signature]	33 FAIRWAYS	[Signature]
[Signature]	15, Southwell Ct	[Signature]
J. Legharm	19, TEARE	J. Legharm
[Signature]	11 PETCH CLOSE	[Signature]
Prest	10 SALISBURY COURT	F. Prest
O'Brien	3 Lees Road	[Signature]
Williams	22 Bowley Walk	P. Williams
J. Bell	32 WESTWORTH ST	[Signature]
G. [Signature]	160 PARLIAMENT RD	[Signature]
Boyle	8 Wylam Street	[Signature]
Finlay	2 PETCH CLOSE	J. Finlay
Hi Baqal	15A GARRETT WALK	[Signature]
[Signature]	19 Garrett	[Signature]
[Signature]	19 TUNE CRT	[Signature]
J. Cock	2 Westy Row	[Signature]
Chel Lawrence	33 West fed court	[Signature]
[Signature]	2 Bethune Road	[Signature]
[Signature]	26 CABLEY WALK	[Signature]
Maigret	18 Garrett walk	[Signature]
Nixon	14 ST PAULS	[Signature]
Jonathan Hurst	41 Garrett walk	[Signature]
John Kennedy	4 Southwell Court	[Signature]
Eith Dadd	1 PETCH CLOSE	[Signature]
alt Trumble	46 Southwell Court	[Signature]
Sofia Khan	38 Southwell Court	[Signature]
Jessica Vickers	26 Wentworth Street	[Signature]
Arw Vickers	26 Wentworth Street	[Signature]
Cunningham	19 Garrett	[Signature]
Madhwar	109 Hyde Park	[Signature]
Nora Kelly	4. Garrett Walk	[Signature]
[Signature]	St. [Signature]	[Signature]
[Signature]	Green [Signature]	[Signature]

Sarah Morris

From: Tim Hodgkinson
Sent: 19 January 2016 07:43
To: Sarah Morris
Subject: FW: 16 Garrett Walk

APPENDIX 5

Tim Hodgkinson
Licensing Manager
Middlesbrough Council

01642 728720

From: Alma Hellaoui
Sent: 18 January 2016 17:27
To: Tim Hodgkinson
Subject: 16 Garrett Walk

Dear Mr Hodgkinson,

As Ward Councillor for Newport Ward, I am writing to express my objection to allowing the shop at the above address being given a licence to sell alcohol.

The main justification for my objection is my concern about the proximity of the shop and Newport Primary school. Other objections include the potential for anti-social behaviour associated with the easy availability of alcohol, gatherings of groups around such premises and the potential threat that this may present to local residents, etc, etc.

With many thanks, in advance, for your consideration of my objections.

Best Wishes,
Cllr. Alma Hellaoui

From: Sarah Morris
Sent: 20 January 2016 13:01
To: Louise Romaine; John Hodgson
Subject: FW: Alcohol License - 16 Garrett Walk, Newport
Importance: High

Sarah Morris
Senior Licensing Officer
Middlesbrough Council

01642 728716

From: Tim Hodgkinson
Sent: 20 January 2016 12:57
To: Sarah Morris
Subject: FW: Alcohol License - 16 Garrett Walk, Newport
Importance: High

Tim Hodgkinson
Licensing Manager
Middlesbrough Council

01642 728720

From: Tracy Harvey
Sent: 19 January 2016 21:54
To: Tim Hodgkinson
Subject: Alcohol License - 16 Garrett Walk, Newport
Importance: High

Dear Mr Hodgkinson,

As Ward Councillors representing residents of the Newport Ward, We are writing to you in relation to the above application to express our objection to allow the shop at 16 Garrett Walk to sell alcohol.

We believe that selling alcohol within 50 metres of the main entrance to Newport Primary School is reason to oppose an alcohol license request. Our children's education, health and wellbeing is of paramount importance and for these reasons we strongly urge Middlesbrough Councils Licensing Committee to oppose the alcohol license application to protect our children from harm.

In addition, residents and representatives from various agencies (including the local primary school and church) successfully opposed a alcohol license proposal for 16 Garrett Walk in 2015 – a couple of reasons cited were the potential increase in anti-social behaviour and public nuisance to nearby residents. This is still a major concern for us today.

Cllr Tracy Harvey and Cllr Bob Brady

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)

Fmma Price

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

16 Garrett Walk,

Post Town
Middlesbrough

Post Code
TS1 5NE

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

Annemarie EMAKPOR

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

N/A

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)

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 DISTRICT H/Q BRIDGE STREET WEST MIDDLESBROUGH TS2 1AB
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Telephone Number (If any)	01642 303176
E-Mail address (optional)	<input type="text"/>

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)

An application has been made for a premises licence to be granted for 16 GARRETT WALK, Middlesbrough. The application is for the off premises sale of alcohol between Monday-Friday 09:00-20:00 hours, Saturday and Sunday 08:00-20:00 hours.

Cleveland Police make representations in relation to the application for the following reasons:

The premises are located in a busy residential area, in close proximity to a primary school, within Middlesbrough Town Centre. This area Middlesbrough Borough Council has recently declared as a cumulative impact zone due to the high proportion of licensed premises located in the area.

It is therefore the opinion of Cleveland Police that the onus is on the applicant to demonstrate that there will be no negative cumulative impact on the licensing objectives (see R (ON THE APPLICATION OF JD WETHERSPOON) v GUILDFORD BOROUGH COUNCIL. 2006.

The area suffers from antisocial behaviour much of it alcohol related. It is believed that should the premises licence be granted that this will only contribute to the on going issues suffered by local residents at this location.

Cleveland Police believe that the applicant has not addressed these concerns in the operating schedule and subsequently believe that should the premises licence be granted then the Prevention of Crime and Disorder and Prevention of Public nuisance objectives would be undermined.

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

Should the application not be withdrawn Cleveland Police will provide further evidence.

	Please Tick ✓
Have you made any representation relating to these premises before?	<input type="checkbox"/>

Day	Month	Year
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If Yes, please state the date of that representation

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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	Emma Price	Date	15/01/2016
Capacity	Cleveland Police Licensing Support Unit		

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

PC 1841 Price,
Cleveland Police,
Middlesbrough HQ,
Bridge Street West

Post Town Middlesbrough	Post Code TS2 1AB
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Telephone Number (if any)	01642 302360
E-mail Address (optional)	emma.price@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 and you are advised to read any relevant guidance leaflets before completing this form.

