

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)

ANDREW THORPE

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	
22-24 Prices Road	
Post Town	Post Code
MIDDLESBROUGH	TS1 4BB
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)	
MBRO/PR0415/063483	

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

Please
Tick ✓

- | | | |
|----|---|--------------------------|
| 1) | an interested party (please complete (A) or (B) below) | <input type="checkbox"/> |
| | a) a person living in the vicinity of the premises | <input type="checkbox"/> |
| | b) a body representing persons living in the vicinity of the premises | <input type="checkbox"/> |
| | c) a person involved in business in the vicinity of the premises | <input type="checkbox"/> |
| | d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/> |
| 2) | a responsible authority (please complete (C) below) | <input type="checkbox"/> |
| 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			
Post Town		Post Code	

Daytime contact telephone number

E-mail address (optional)

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

Name and Address

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

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address CHIEF CONSTABLE OF CLEVELAND POLICE C/O POLICE CONSTABLE 1845 JASON ARBUCKLE MIDDLESBROUGH DISTRICT H/Q BRIDGE STREET WEST MIDDLESBROUGH TS2 1AB

Telephone Number (If any)	01642 302360
E-Mail address (optional)	

This representation relates to the following licensing objective(s)

Please
Tick ✓

- 1. The prevention of crime and disorder X
- 2. Public safety
- 3. The prevention of public nuisance
- 4. The protection of children from harm

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

Cleveland Police have received an application made under the Licensing Act 2003 for a transfer of premises licence for Lifestyle Express, 22-24 Princes Road, Middlesbrough and an application to vary the Designated Premise Supervisor for the same premise.

Cleveland Police wish to object to both applications for the following reasons,

Cleveland Police have recently submitted an application to review the licence for the premise due to issues of disorder ASB and alcohol related incidents in the area around the premise, and believe that the premise is not upholding the four licensing objectives. This review is not specific to the currently named DPS Mr Naveed as we believe Mr Naveed does not have day to day control of the premise and has not had day to day control since handing over the lease in April 2021. We also believe that the issues have continued under the new management who is the husband of the new applicant wishing to be named as DPS.

We therefore do not think it is appropriate to accept these applications at this time until the outcome of the review hearing is determined and would object to both applications outright at this moment in time.

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

Further evidence/information will be provided if needed.

Please
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

Day		Month		Year			
2	8	0	7	2	0	2	2

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

An application to review the premise licence of the premise was submitted yesterday.

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	PC894 THORPE	Date	29/07/2022
Capacity	LICENSING SUPPORT ACTING SERGEANT		

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

Middlesbrough Police HQ,
Bridge Street West,

Post Town	Post Code
Middlesbrough	TS2 1AB

Telephone Number (if any)	01642 302360
E-mail Address (optional)	Andrew.thorpe@cleveland.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.