

Middlesbrough Council

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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)

PC 1845 JASON ARBUICKI F

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 UNIT C REDE HOUSE (MORRISONS DAILY, FORMERLY LONDIS) 66-77 CORPORATION ROAD	
Post Town MIDDLESBROUGH	Post Code TS1 1LY
Name of premises licence holder or club holding club premises certificate (if known)	
Number of premises licence or club premise certificate (if known)	

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

Please
Tick ✓

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

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

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

Surname

First Names

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

Current Address			
Post Town		Post Code	

Daytime contact telephone number

E-mail address (optional)

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

Name and Address

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

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address CHIEF CONSTABLE OF CLEVELAND POLICE C/O POLICE SERGEANT 0417 GLYNN BAVIN MIDDLESBROUGH DISTRICT H/Q BRIDGE STREET WEST MIDDLESBROUGH TS2 1AB

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

This representation relates to the following licensing objective(s)

Please
Tick ✓

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

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

Cleveland Police have received an application made under the Licensing act 2003 to vary an existing Premises Licence. The premise in question is Morrison's daily (Formerly Londis), which is situated at Unit C, Rede House, 66-77 Corporation Road, Middlesbrough, TS1 1LY.

The current Premises Licence for the aforementioned Premises states that the provision of sale of alcohol for off sales can occur between the hours of 8 00 am until 22 00hrs. The applicant is seeking to extend the sale of alcohol for off sales until 00 00hrs, two extra hours, seven days a week

The applicant is also seeking to add the provision of late night refreshment from 23 00 until 00 00, seven days a week.

Cleveland Police make representations to this application for the following reasons,

The premise is located in close proximity to a busy town centre, which includes on licensed premises and is in close proximity to residential dwellings, including student accommodation.

The area this premise is situated in was subject to a Middlesbrough Council Cumulative impact zone, due to the amount of Licensed premises around situated in it, this Cumulative impact zone has lapsed, however, given the issues suffered in the area, steps have been taken by Middlesbrough Council to address this and reinstate the Cumulative impact zone.

The area in which this premise is situated in, already suffers from high levels of alcohol related crime and anti-social behaviour with those figures increasing in recent years.

There also appears to be a rise in underage drinking within this area.

It is also worthy of note to state that in 2018, when this Premise initially applied for a Premises licence, the applicant requested the provision of the sale of alcohol from 06 00 until 00 -00hrs, seven days a week After meeting the applicant due to alcohol related issues in the area, the matter went before a Licensing committee, the sale of alcohol was granted by the Licensing committee between the hours of 08 00 and 22 00 hrs, seven days a week.

In short, the area in which this premise is situated in, has numerous issues involving alcohol, ranging from crime and disorder, anti-social behaviour, public nuisance, underage drinking to

alcohol dependant street drinkers.

Cleveland Police are firmly of the belief that by granting this application, the existing problems and issues will be exacerbated by making alcohol more readily available and will add extra pressure and burden on the Emergency and support services.

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

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

Please
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

Day		Month		Year			
0	8	0	3	2	0	1	8

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

In 2018, The premise initially applied for a premises licence, requesting that the premise be authorised to sell alcohol between the hours of 06 00 until 00 00, seven days a week.

Representations were submitted and the matter went before a Licensing committee. The Licensing committee granted the premise a licence, allowing the sale of alcohol between 8 00hrs and 22 00 hrs, seven days a week.

How We Collect And Use Information

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

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other enforcement agencies including those organisations which handle public funds. Middlesbrough Council will not disclose information about you unless the law permits.

Middlesbrough Council is the Data Controller for the purposes of the Data Protection Act. If you want to know more about the information the Authority holds about you or the way the Authority uses that information please contact the Information Security Officer, PO Box 17, Melrose House, 1 Melrose Street, Middlesbrough, TS1 2YW.

Part 3 – Signatures (Please read guidance note 3)

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

Signature		Date	29/11/2022
Capacity	CLEVELAND POLICE LICENSING OFFICER		

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5) JASON ARBUCKLE MIDDLESBROUGH POLICE HQ, BRIDGE STREET WEST	
Post Town MIDDLESBROUGH	Post Code TS2 1AB

Telephone Number (if any)	01642 302360
E-mail Address (optional)	Jason.arbuckle@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.