

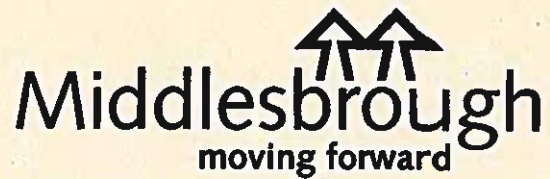
Middlesbrough Council

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/Review 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)

Wayne Flowers

Wish to make representation about the application for variation/grant/review 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

58 Albert Road

Post Town: Middlesbrough

Post Code: TS1 1QD

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

- 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) YES
- 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

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

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address
Wayne Flowers, Public Protection Manager, Middlesbrough Council, Fountain Court, 119 Grange Road, Middlesbrough, TS1 2DT

Telephone Number (if any)	01642 728294
E-Mail address (optional)	Wayne_flowers@middlesbrough.gov.uk

This representation relates to the following licensing objective(s)

- 1. the prevention of crime and disorder
- 2. public safety
- 3. the prevention of public nuisance **YES**
- 4. the protection of children from harm

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

The proposed venue is located below several units of occupied private residential accommodation. These units are likely to be exposed to intrusive noise from the operation and use of the premises, including from amplified music and vibration and from noise from patrons entering, using and exiting the premises particularly after 11pm.

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

Have you made any representation relating to these premises before?

NO

If Yes, please state the date of that representation

Day		Month		Year			

If you have made representation before relating to this 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 representatives solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature	<i>W. Flowers</i>	Date	2 nd October 2023
Capacity	Responsible authority representative		

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 www.middlesbrough.gov.uk and you are advised to read any relevant guidance leaflets before completing this form.

