

Blackpool Council

Blackpool Licensing Service

How to make representations

A guide for Interested Parties



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

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licensing.la2003@blackpool.gov.uk
www.blackpool.gov.uk/licensing

How to make representations

What are the Rights of an Interested Party?

An Interested Party can make representations in relation to an application, **which by law must be forwarded to the applicant to enable a dialogue to take place between the various parties to allow an amicable resolution to the issues raised.** If they cannot reach agreement then the Interested Party can present their objection at a hearing of the Licensing Committee. Representations must not be frivolous, repetitive or vexatious. Interested Parties must ensure that their objections are factually correct and substantial.

What can my representation relate to?

The representations must relate to 'The Licensing Objectives', which are:

- The Protection of Children,
- The Prevention of Nuisance,
- The Protection of Public Safety and
- The Prevention of Crime & Disorder.

Any objection, which does not relate to one or more of the licensing objectives will not be considered. Similarly planning matters will not be reconsidered and the licensing hearings will not be a rerun of contested planning decisions.

How do I make a representation?

It must be made in writing to the licensing service. A form is attached for this purpose. You must state the grounds upon which you are making representations. You should note that at the hearing you can only rely on the grounds stated within your notice.

Can I be represented?

You may put forward your representation yourself, or you may ask a solicitor or friend to assist you. If you appear or are represented your objection may be subject to cross-examination by the applicant or the applicant's representative or by members of the committee.

What happens next?

The committee can approve the application or decide to uphold your objection and refuse the application or they can apply whatever conditions they believe to be adequate to ensure that the premises will not breach the licensing objectives.

Where can I get more information about the Licensing Act 2003?

Information can be obtained from Blackpool Council's Licensing Service or from the Home Office at www.homeoffice.gov.uk

**Licensing Service, Blackpool Council, Municipal Buildings, PO Box 4,
Blackpool, FY1 1NA**

Phone: 01253 478572

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Email: licensing.la2003@blackpool.gov.uk

| <i>For Office use only</i> | |
|--------------------------------------|--|
| <i>LalPac Application No.</i> | |
| <i>Licence Number</i> | |

Blackpool Council

| |
|--|
| <p style="text-align: center;">Representation in respect of a Premises Licence or Club Premises Certificate</p> |
|--|

| | |
|-------------------------------|--|
| <i>Applicant Name:</i> | |
|-------------------------------|--|



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Section 1 – Premises or Club details

| | | | | | | | | | | |
|---|--|--|--|--|--|------------------|--|--|--|--|
| Name & Address of Premises | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | Post Code | | | | |

| |
|--|
| Name of the licence holder of the above premises (if known) |
| |

Section 2 – Your Details

A. Details of individual interested party

| | | | | | | | | | | | | |
|-------------------------|-----------|------------|-------------|-----------|----------------------|----------------------------------|------------|-----------|--|--|----------------------------|--|
| Title: | Mr | Mrs | Miss | Ms | | Surname | | | | | | |
| | | | | | | | | | | | <small>Please tick</small> | |
| Forenames | | | | | | I am 18 years old or over | Yes | No | | | | |
| | | | | | | | | | | | | |
| Home address | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | Post Code | | | | | | |
| | | | | | | | | | | | | |
| Telephone Number | | | | | Mobile Number | | | | | | | |
| | | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | |

B. Details of other interested parties, such as a body representing residents or businesses

| | | | | | | | | | | | |
|--|--|--|--|--|----------------------|--|--|--|--|--|--|
| Name of the Body | | | | | | | | | | | |
| | | | | | | | | | | | |
| First Names <small>(of person representing the body)</small> | | | | | | Surname <small>(of person representing the body)</small> | | | | | |
| | | | | | | | | | | | |
| Home address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | Post Code | | | | | |
| | | | | | | | | | | | |
| Telephone Number | | | | | Mobile Number | | | | | | |
| | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | |

Section 3 – Details of the licensing objectives that will be undermined by the application.

This representation relates to the following licensing objective/s

(Tick as appropriate)

- The Prevention of Crime and Disorder
- Public Safety
- The Prevention of Public Nuisance
- The Protection of Children from Harm

Section 4 – Information and details of the representation

| | | |
|--|-----|----|
| Have you made any representations in respect of this premises before? | Yes | No |
| Date that the previous representation was made: | | |
| I understand that the Licensing Authority is obliged to give notice of a hearing to all parties to the hearing and this must include a copy of this representation. | Yes | |

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

Please state the grounds for your representation: - {Please continue on additional sheets if necessary}

Please provide as much information as possible to support your representation. Note that if you have not disclosed this information, you may not be able to introduce it at the hearing unless all parties consent.

Section 5 Signatures

Signature of the person making the representation or their solicitor or other duly authorised agent. If signing on the behalf of a person or body representing a person living or carrying on business in the vicinity of the premises, please state in what capacity.

| Signature: | Capacity: | Date: |
|-------------------|------------------|--------------|
| | | |