



MID DEVON LICENSING AUTHORITY

Licensing Act 2003: Representation form

NOTE: This form includes a section to confirm successful mediation between Responsible Authorities and the applicant. This includes the agreement of conditions.

1. Your details

Responsible Authority:	DEVON
Your Name:	MR DERRICK SLACK
Job Title:	OWNER
Postal address:	[REDACTED] HIGH ST, COLLOMPTON DEVON EX15 1AF
Email address:	[REDACTED]
Contact telephone number:	[REDACTED]

2. Premises details

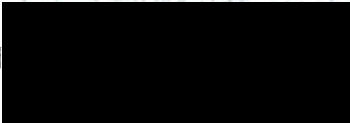
Name of the premises you are making a representation about:	FRAUKIES BAR 40 HIGH ST, COLLOMPTON EX15 1AE
Name of the applicant:	MR MARK TAYLOR
Address of the premises you are making a representation about:	40 HIGH ST COLLOMPTON EX15 1AE

3. Representation information

Which of the four licensing objectives does your representation relate to?	Yes Or No	Please detail the reason(s) for your representation, including any relevant evidence. This MUST include a clear statement as to why the representation is considered appropriate and necessary. Please use separate sheets if necessary.
To prevent crime and disorder	YES	OPEN TILL 2 AM MON TO SUN COSTA CAFE STANDING ON HIGH ST SMOKING DRINKING
Public safety	YES	ITS ONLY A SMALL SPACE OUTSIDE FRONT AND THE ONLY PLACE TO SMOKE,
To prevent public nuisance	YES	NOISE TILL 2-30 TO 3 AM IS NOT ACCEPTABLES
To protect children from harm	YES	IT WILL NOT BE SAFE FOR CHILDREN TO WALK PAST THE PUB

4. Additional information and mediation

<p>Do you have any suggested conditions or alterations to the application that would remedy your representation? If so, please list them clearly. Please use separate sheets if necessary.</p>	<p>THIS WAS A CLUB AND LIMITED NUMBERS AND ALL KNOWN AS STAKE IN YOU WILL NEED DOOR STAKE (STANDING ON PART)</p>	
<p>If the applicant agrees to the amendments you have set out in the box above, would you be willing to withdraw your representation?</p>	<p><input checked="" type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
<p>If you agree to withdraw your representation, do you also agree that there is no need for a hearing?</p>	<p><input type="radio"/> Yes</p>	<p><input checked="" type="radio"/> No</p>
<p>If you are unwilling to withdraw your representation, please detail the reasons for this. This information will be provided to the licensing sub-committee in advance of a hearing.</p>	<p>THIS IS NOT WHATS NEEDED AS A CLUB IT WAS NICE WITH NO TRUBLE THIS LANDLORD HAS A LOT OF TRUBLE AT HIS OTHER PUB AND IT WILL FOLLOW HIM</p>	
<p>Any additional information?</p>	<p></p>	

Signed 

Date: 2/12/2020

Please return this form along with any additional sheets to: Mid Devon Licensing Authority, Phoenix House, Phoenix Lane, Tiverton, Devon, EX16 6PP, or email to licensing@middevon.gov.uk. This form must be returned within the Statutory Period. For more details please check with the Licensing Section on 01884 255255.

5. Confirmation of agreement

If an amendment to the application has been agreed between the applicant and the Responsible Authority making the representation, the applicant must sign below to confirm the amendments to the application set out above and their agreement.

Name of applicant: _____ Signed: _____ Date: _____