Mid Devon Licensing Authority Licensing Act 2003

REPRESENTATION FORM



This representation is made about the premises to be licensed as detailed below

Your name/organisation name/name of		GEORGE MILLS
body you represent (see note 3)		
Organisation name/name of body you		FREE HULDER OF TWO PROPERTIES
represent (if appropriate) (see note 3)		IN FORE STREET.
Postal and email address		THE COURTYARD EXETER ROAD
		SILVERTAN EXCLUT
Contact telephone number		
Name of the premises you are making a representation about		27 FORE STOREET CULLOMPTON!
Address of the premises you are		
nadiress of the premises you are naking a representation about.		
aking a representation about.		
Your representation must relate to	one o	f the four Licensing Objectives (see note 4)
Licensing Objective	Yes	
•	Or	representation or the reason for your representation.
	No	Please use separate sheets if necessary
To prevent crime and disorder		1 ATT A 3 2-17 30 14 5137- HAS (ATTE)
	INC	AMERICA INCIDENTS - RROLEN SHOP
	180-	WALL BAS CONTESTITIS LICENCE
		NUMEROUS INCIDENTS - BROKEN SHOP WINDOWS AND FIGHTS - THIS LICENCE WILL ADD TO THE PROBLEM
Public safety		
*	1	,
To prevent public nuisance		THERE IS A CONSTANT BATTLE WITH
	MES	LITER AND DISCARDEDFOUL - ALSO
	. 0	LITER AND DISCARDED FOUR _ ALSO ALLEYWAYS AND DOURWAYS ARE
		REGULATICI USED ASTOICETS
To protect children from harm		THE THE ARE RESIDENTIAL FLATS
		DUERTHE SITUPS AND SUME HAVE
		CHILDREN WHUSE YLEED GETS
		CHILDILEN CHOSE SELECTION OF SE
		DILTURBED BY LITTE NIGHT NOISE
Diogo ouggest only conditions the		
Please suggest any conditions that		NO UPENING APTER 11 PM
could be added to the licence to remedy		
your representation or other		*
suggestions you would like the		

Licensing Sub Committee to take into account. **

Signed:

Date:

24- April 2017

Please see notes on reverse

Mid Devon Licensing Authority Licensing Act 2003

REPRESENTATION FORM

This representation is made about the premises to be licensed as detailed below

Your name/organisation name/name of body you represent (see note 3)		MR ? BRADLEY
Organisation name/name of body you represent (if appropriate) (see note 3)		LOCAL RESIDENT OIL
Postal and email address		BSA FORESTREET
		COLLOMPTON EXISISS
Contact telephone number		
Name of the premises you are making a representation about		CHAROCE,LL
Address of the premises you are making a representation about.		27 FOREST COLLOMPTON EXISTS
Your representation must relate t	o one o	f the four Licensing Objectives (see note 4)
Licensing Objective	Yes Or No	
To prevent crime and disorder	1/49	EARLY MORAING & LOTS OF FOOD WASTE & PACKERAGING OUTSIDE MYAN
Public safety	YES	I HAVE TO LOOK OUT FOR MY NEIGHS
To prevent public nuisance	YES	YOU NEED TO BIT IN MY HOME CHIPS TO LIGSON TO ALL THE HOISE OF THE FIGHTS X SOAIRING THAT GOS ON TILZED
To protect children from harm	YES	MY CHIEDREN STRY AWRY FROM MY AM HOME DUE TO ALL THAT GOES ON IN THE STREET TIL THE EARLY HOURS
account, **		AS ARESIDEMENTIFELL WE DON'T NEED 2 SHOPS WITH A LATE LIECENSE DOUBLE THE TROUBLE MY NEIGHBUR ARE 82/90 & ARE SCARED FUATE WATER
Signed: Please see notes on reverse		Date: 11/5/17

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