Harrow Council, Licensing Section, P O Box 18, Station Road, Harrow.

Making a Representation against an Application (New or variation) for a premises licence or club premises certificate under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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.

Louise Roberts make this representation under

the Licensing Act 2003 for the premises described in Part 1 below (delete as applicable)

Postal address of premises or club premises, or if none, ordnance survey map reference

Part 1 - Premises or club premises details

or description

The Horseshoe Bar 326 Eastcote Lane				
Post town: Harrow	Post	code (if known)) HA2 9AJ	
Name of premises licence hol Leo Christopher Mullane	lder or club holdin	g club premises	s certificate (if known)	
Number of premises licence of	or club premises o	ertificate (if know	own)	
Part 2 - Applicant detail am 1) an interested party (ple		or (B) below)	Please tick ✓ yes	E TIPE
a) a person living in the	ne vicinity of the p	remises		
b) a body representin the premises	g persons living ir	n the vicinity of		
c) a person involved i the premises	n business in the	vicinity of	٥	
d) a body representing pe in the vicinity of the p		business		

2) a responsible authority (ple	ase complete (C)	below)		v
3) a member of the club to wh (pleas	ich this applicatio se complete (A) b		3	П
(A) DETAILS OF INDIVIDUAL Mr	APPLICANT (fil	Ms 		Other title □ (for example, Rev)
Surname		F	irst nan	nes
I am 18 years old or over				Please tick ▽ yes
Current address	haife an artist to a street and a second			and the state of the
Post Town	†		Post	Code
Daytime contact telephone in Email address (optional) (B) DETAILS OF OTHER API				
Name and address				
Telephone number (if any)		-		
E-mail (optional)				

2 (C) DETAILS OF RESPONSIBLE AUTHORITY APPL	ICANT
Name and address	ICANI
London Borough of Harrow, Community Safety Services, Environmental Protection Team PO Box 18 Civic Centre Harrow Middlesex HA1 2UT	
Telephone number (if any) 020 8424 1891	
E-mail (optional) louise.roberts@harrow.gov.uk	
This representation relates to the following	g licensing objective(s) Please tick one or more boxes
1) the prevention of crime and disorder	
2) public safety	_
3) the prevention of public nuisance	$\overline{\checkmark}$
4) the protection of children form harm	
Please state the ground(s) for review (please read g	uidance note1)
The applicant has failed to provide precise information prevented with regard to noise from music and general consideration has not been made within the application ensure patrons leave the premises quickly and quietly a	noise from the premises. Detailed a stating what steps are to be taken to

Please provide as much information as possible to support the application guidance note 2)	on (please read
The main concerns relate to how the applicant intends to prevent noise from m disturbing local residents such as keep doors and windows closed, providing lie or amplifiers, making regular patrols of the perimeter of the premises to ensure audible.	miters on stereo's
It would be expected that consideration would be made to ensure patrons leave quietly such as the provision of signs on the doors, having Taxi's available on c customers, responsible staff who prevent loitering by customers outside the pro-	order for

	yes
Have you made a representation relating to this premises before	ore \square
If yes please state the date of that representation, Day Month	Year

Please tick

If you have made represent were and when you made to	tations before relating to this premises please state them	what they
$f = f \cdot f$ $f =$		

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE [AMOUNT], UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Signature of applicant or applicant's solicitor or other duly authorised agent. (please read guidance note 4)

Part 5 - Signatures (please read guidance note 3)

If signing on behalf of the applicant please state in what capacity.

Signature	2.	
Date: 23rd June 20	05	
Capacity: Environ	mental Health Officer	
Contact name (w application (pleas	here not previously given) and address for correspondence associated with this se read guidance note 5)	
Contact name (w application (please	here not previously given) and address for correspondence associated with this se read guidance note 5)	
Contact name (w application (pleas	here not previously given) and address for correspondence associated with this se read guidance note 5)	

If you would prefer us to correspond with you using an email address your e mail address (optional)

Notes for Guidance

Telephone number (if any)

Post town

- 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 available.

Post code

- 3. The application form must be signed.
- 4. An applicant'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.

Relevant Representations means;

- a) are about the likely effect of the grant of the premises licence or club premises certificate on the promotion of the licensing objectives,
- b) that the representation were made by an interested party or responsible authority within the period prescribed, 28 days from the application was advertised.
- c) in the case of representations made by an interested party (who is not also a responsible authority) that they are not, in the opinion of the relevant Licensing Authority, frivolous or vexatious.

Further restrictions apply relating to Police Representations on DPS's and representations on provisional statements. Please check with the Licensing Section.

SENDING CONFIRM

DATE: 20-JUN-2005 MON 11:39

NAME: ENV. HEALTH TEL: 02084270389

PHONE

: 02087334302

PAGES

19

START TIME

: 20-06 11:34

ELAPSED TIME

: 04'24"

MODE

: ECM

: OK

RESULTS

501 N 21/4/05

File Note

Site: Horseshoe Bar PH

326 Eastcote Lane, South Harrow

5 April 2005

A search of the property has not revealed any conditions that will effect the granting of this licence.

Rebecca Phillips Enforcement Officer