

Appendix 2

LICENSING ACT 2003

REPRESENTATION (OBJECTION FORM)

| | |
|--------------------------------------|------------------|
| Section 1 - Objectors Details | |
| Full Name | MR ADAM THURGOOD |
| Home Address | [REDACTED] |
| Business Address (if applicable) | AS ABOVE |
| Daytime phone number | [REDACTED] |
| Email | [REDACTED] |
| Fax number | |

| | | |
|---|---|-------------------------------------|
| Section 2 - Application Details | | |
| Name of premises you are making a representation about | | |
| Address of the premises you are making representation about | 3 PYPERS WATCH, HARLOW ESSEX CM20 3NG. | |
| | ((Tick as appropriate)) | |
| Application for a: | Premises Licence | <input checked="" type="checkbox"/> |
| | Club Premises Certificate | <input type="checkbox"/> |
| Application to vary an existing: | Premises Licence | <input type="checkbox"/> |
| | Club Premises Certificate | <input type="checkbox"/> |

If you are representing residents or businesses, please complete the boxes below and attach any additional sheets showing the details of those you have been requested to represent.

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| Organisation's name (if applicable) | |
| Please state nature of representation, for example, Residents' Association, Ward Councillor, MP or Trade Association | |

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- 9 MAY 2017


You need to complete the next section as fully as possible. If you do not, the Sub-Committee may not understand why you are making representation. Try to be as specific as possible and give examples.

| | | |
|---|------------|--|
| <p>Which of the four licensing objectives does your representation relate to? (Tick as appropriate)</p> | <p>(✓)</p> | <p>Please detail the evidence supporting your representation, or the reason for your representation.</p> |
| <p>Prevention of crime and disorder</p> | <p>✓</p> | <p>THERE IS ALREADY QUITE A LOT OF CRIME IN THE AREA. WITH DRUG USERS COMMONLY TRYING TO SELL STOLEN MEAT, DRUG DEALS AND USERS IN THE AREA. SELLING ALCOHOL AT 8AM IS SURELY GOING TO ENCOURAGE MORE USERS IN THE AREA.</p> |
| <p>Public safety</p> | <p>✓</p> | <p>UNLIKE OTHER SHOPPING AREAS THAT HAVE SEATING THERE IS NONE IN PYPERS MATCH. IT MAY BE AN GENERALISATION BUT GENERALLY PEOPLE THAT BUY ALCOHOL AT 8AM DO IT THROUGH NEED RATHER THAN DESIRE. AS MENTIONED ABOVE THERE IS A LOT OF DRUG MISUSE IN THE AREA ADDING ALCOHOL AVAILABILITY AT 8AM IS SURELY ONLY GOING TO INCREASE THIS.</p> |
| <p>Prevention of public nuisance</p> | <p>✓</p> | <p>DRUG USERS ARE COMMON ON THE FIELD AND BEHIND THE SHOPS IN PYPERS MATCH & KNOW OF LOCAL RESIDENTS WHO ARE AFRAID TO WALK DOGS BECAUSE OF CONCERNS I ALSO HAVE A VERY REAL CONCERN THAT PEOPLE WILL USE THE OFF LICENCE AND THEN CONSUME ON MY PREMISES</p> |
| <p>Protection of children from harm</p> | <p>✓</p> | <p>THE ROAD ALONGSIDE PYPERS MATCH IS THE MAIN ROUTE FOR CHILDREN LEAVING ST. MARKS AND BURNT MILL SCHOOL. THERE IS ALSO THE TEMPTATION FOR THESE CHILDREN TO ATTEMPT TO BUY CIGARETTES AND ALCOHOL.</p> |

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| (Tick as appropriate) | |
| <input checked="" type="checkbox"/> | I object to the application being granted at all |
| <input type="checkbox"/> | I object to the application being granted in its current form * |
| <ul style="list-style-type: none"> If you choose this option, remember to inform us in the next section what changes you would like to see. | |
| <p>Are there any changes you would like to see which the applicant could take which would address your concerns?</p> <p>If yes, please give details.</p> | |

If you make representation we will invite you to attend the Licensing Sub Committee hearing.

Please note: You should be aware that the applicant will normally be given a copy of all representations received and if a licensing application is to be considered by a Committee of the Council, any representation received will be made available in a publicly available report submitted to that Committee.

| | |
|-----------|---|
| Signature |  |
| Name | ADAM THURGOOD |
| Date | 8/5/17 |

Please return this form along with any additional sheets/supporting information to:

Licensing Team, Harlow Council, Civic Centre, The Water Gardens, Harlow, Essex, CM20 1WG or email: licensing@harlow.gov.uk

You must return this form within the statutory period. You can find details of the statutory period deadline on the Council's website at <http://www.harlow.gov.uk/licensing-notices>

You may also check this with the Licensing Team on 01279 446005 or 446009.

11 MAY 2017

LICENSING ACT 2003

REPRESENTATION (OBJECTION FORM)

| Section 1 - Objectors Details | |
|----------------------------------|------------|
| Full Name | TINA CLARK |
| Home Address | [REDACTED] |
| Business Address (if applicable) | |
| Daytime phone number | [REDACTED] |
| Email | [REDACTED] |
| Fax number | |

| Section 2 - Application Details | | |
|---|--|-------------------------------------|
| Name of premises you are making a representation about | Pyrels HATCH FOOD & DRINK | |
| Address of the premises you are making representation about | 3. Pyrels HATCH HARLOW ESSEX CM20 3NG | |
| | (Tick as appropriate) | |
| Application for a: | Premises Licence | <input checked="" type="checkbox"/> |
| | Club Premises Certificate | <input type="checkbox"/> |
| Application to vary an existing: | Premises Licence | <input type="checkbox"/> |
| | Club Premises Certificate | <input type="checkbox"/> |

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|--|--|
| Organisation's name (if applicable) | |
| Please state nature of representation, for example, Residents' Association, Ward Councillor, MP or Trade Association | |


You need to complete the next section as fully as possible. If you do not, the Sub-Committee may not understand why you are making representation. Try to be as specific as possible and give examples.

| Which of the four licensing objectives does your representation relate to? (Tick as appropriate) | (✓) | Please detail the evidence supporting your representation, or the reason for your representation. Please use separate sheets if necessary. |
|--|-----|---|
| Prevention of crime and disorder | ✓ | See attached |
| Public safety | ✓ | See attached |
| Prevention of public nuisance | | |
| Protection of children from harm | | |

| | |
|--|---|
| (Tick as appropriate) | |
| <input checked="" type="checkbox"/> | I object to the application being granted at all |
| <input type="checkbox"/> | I object to the application being granted in its current form * |
| <ul style="list-style-type: none"> If you choose this option, remember to inform us in the next section what changes you would like to see. | |
| <p>Are there any changes you would like to see which the applicant could take which would address your concerns?</p> <p>If yes, please give details.</p> | |

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|-----------|---|
| Signature |  |
| Name | TINA CHALK |
| Date | 9/5/2017 |

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Prevention of crime and disorder

A number of studies have found that in neighbourhoods where there is a high density of places that sell alcohol there is a higher risk of violence therefore creating a negative impact on the community.

There is a pub next door to this proposed outlet.

There is a convenience store selling alcohol at Fishers Hatch - 0.7 km away. 5 minute walk.

There is a range of supermarkets selling alcohol at The Stow - 1.0 km away. 7-8 minute walk.

Youths will hang around creating a meeting place and antisocial behaviour will increase.

Essex Police does not have the resources to deal with added pressure and patrons of the Heart and Club run a high risk of being drawn into any confrontations.

Public safety

There is insufficient parking outside to accommodate the existing shops and pub.

Double parking will make it dangerous for drivers at the road junctions of Maddox Road/ Monkswick Road and Maddox Road/Long Ley.

Double parking will also make it very difficult for buses as this is a main bus route.

LICENSING ACT 2003

REPRESENTATION (OBJECTION FORM)

| Section 1 - Objectors Details | |
|----------------------------------|---------------------|
| Full Name | SUSAN GARDNER (MRS) |
| Home Address | [REDACTED] |
| Business Address (if applicable) | |
| Daytime phone number | [REDACTED] |
| Email | [REDACTED] |
| Fax number | |

| Section 2 - Application Details | | |
|---|---|--------------------------|
| Name of premises you are making a representation about | | |
| Address of the premises you are making representation about | 3 PAPERS PATCH MOOR ROAD HARLOW ESSEX CH20 3NG | |
| | (Tick as appropriate) | |
| Application for a: | Premises Licence | <input type="checkbox"/> |
| | Club Premises Certificate | <input type="checkbox"/> |
| Application to vary an existing: | Premises Licence | <input type="checkbox"/> |
| | Club Premises Certificate | <input type="checkbox"/> |

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| Please state nature of representation, for example, Residents' Association, Ward Councillor, MP or Trade Association | |

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You need to complete the next section as fully as possible. If you do not, the Sub-Committee may not understand why you are making representation. Try to be as specific as possible and give examples.

| Which of the four licensing objectives does your representation relate to? (Tick as appropriate) | (✓) | Please detail the evidence supporting your representation, or the reason for your representation. Please use separate sheets if necessary. |
|--|-----|---|
| Prevention of crime and disorder | ✓ | Selling of alcohol to underage and also known |
| Public safety | ✓ | Underage drinking causes the said person to become obstructive to members of the community. Young children in area can be caught up in this. |
| Prevention of public nuisance | ✓ | Noise from public house already this would cause young + underage to hang about convenience store - trying to buy alcohol and cigarettes. |
| Protection of children from harm | ✓ | Is said seller aware of laws of selling to underage? Other buying for underage on request. |

| | |
|--|---|
| ((Tick as appropriate)) | |
| <input checked="" type="checkbox"/> | I object to the application being granted at all |
| <input type="checkbox"/> | I object to the application being granted in its current form * |
| <ul style="list-style-type: none"> If you choose this option, remember to inform us in the next section what changes you would like to see. | |
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| | |
|-----------|---|
| Signature |  |
| Name | Susan Edwards (Mrs) |
| Date | 9/5/17 |

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