

LICENSING ACT 2003

REPRESENTATION (OBJECTION FORM)

| Section 1 - Objectors Details | |
|----------------------------------|--|
| Full Name | MICHAEL CAVILL JONES |
| Home Address | 5 OAKWOOD MEWS STATION ROAD OLD HARLOW |
| Business Address (if applicable) | |
| Daytime phone number | |
| Email | |
| Fax number | |

| Section 2 - Application Details | | |
|---|---------------------------|-------------------------------------|
| Name of premises you are making a representation about | | |
| Address of the premises you are making representation about | | |
| | (Tick as appropriate) | |
| Application for a: | Premises Licence | <input type="checkbox"/> |
| | Club Premises Certificate | <input checked="" 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 | |


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>Please use separate sheets if necessary.</p> |
| <p>Prevention of crime and disorder</p> | | <p>THE CURRENT TIMES FOR THE PUB AND GARDEN ARE WORKING VERY WELL AS THE YOUNG CROWD HAVE GONE AND HARDLY ANY CRIME OR DISORDER. LETS KEEP THE LICENSING HOURS THE SAME AND THE GARDEN AT 10 PM. IT WORKS AND KEEP THE</p> |
| <p>Public safety</p> | | <p>RESIDENTS HAPPY, ANY LATERS AND TROUBLE WILL BEGIN AGAIN.</p> |
| <p>Prevention of public nuisance</p> | | |
| <p>Protection of children from harm</p> | | |

| | |
|--|---|
| (Tick as appropriate) | |
| <input checked="" type="checkbox"/> | I object to the application being granted at all |
| <input checked="" 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.

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|-----------|---|
| Signature |  |
| Name | MICHAEL CAVILL JONES |
| Date | 30 th NOVEMBER 2022 |

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-notice>

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