

I (insert name of person mauthority)	naking representa	ation whether as a	n individual or	as a responsible
			. • •	
hereby make representat	ion in respect o	f an application u	nder the Lice	nsing Act 2003
Section 1 – Premises or o				
Name, address and pos are making representati		es or club premis	es in respect	of which you
The gre	100			
IHB. Ma	ncheste	ir Ra.		
Rossenda	<u>-</u> -			
Rossenda	ale			
Post town	Post cod	de (if known)		
Section 2 - Applicant deta Please provide your deta A only. If you are a response	ils below. If you	u are an individual y complete Sectio	l applicant co n B only.	mplete Section
SECTION A DETAILS OF INDIVIDUAL	APPLICANT (tic	k as appropriate)		
Mr. Mrs. 🗸	Miss	Ms	Oth	er
Surname	1	First Name		
(Please tick)		_		
I am 18 years old or older	,			
Current address				
Peters	Ave.	Haslina	aclen	

Postcode						
Daytime contact tele	ephone number					
E-mail address						
SECTION C DETAILS OF RESP	PONSIBLE AUTHORITY	APPLICANT				
Name of the responsible authority	Envelor	prenere Henerth				
Surname of representative of responsible authority	ROBINSON	First Name of representative of responsible authority				
Address of responsi	ble authority					
Postcode						
Daytime contact tele	phone number					
E-mail address						
SECTION 3 Details of the licens	sing objectives which v	will be undermined by the application.				
This representation relates to the following licensing objective(s) (tick as appropriate)						
the prevention of c	rime and disorder	*				
public safety						
the prevention of p		X				
the protection of ch	iliaren from narm					

Please state the grounds for your representation I am writing this to highlight the distress that the noise level ofrom the Green Squirel is cousing me. The noise/music that comes from the pub on a weekend disturbs my evenings and sleep. I'm an and at times I have felt itimidated by groups of drunken people, possing my home, and on occassions fights breaking out. On numerous occasions I have had to pick up empty bottles from my garden. My biggest concern is the noise disturbance and lack of sleep that impacts on my life and ability to to function.

Please provide as much information as possible to support your representation. Please note that if you have not disclosed this information, you may not be able to introduce it at the hearing unless all the other parties consent.

Section 5

Have you made any representations in rebefore? (Circle relevant option)	Yes 🗸	No		
Date that you made representations	made representations 27 - 5 - 2012			

I understand that the Licensing Authority is obliged to give notice of a hearing to all parties to the hearing and this must include a copy of this representation. (You must tick this box)

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

Section 6 Signatures

Signature of person making representation or a solicitor or other duly authorised agent. If signing on behalf of a body representing a person living or carrying on a business in the vicinity of the premises or on behalf of a responsible authority please ensure that have the right to sign a representation on their behalf and state the capacity in which you are signing.

Signature

Date 2

29-10-2012

Capacity LOCAL REGIDENT