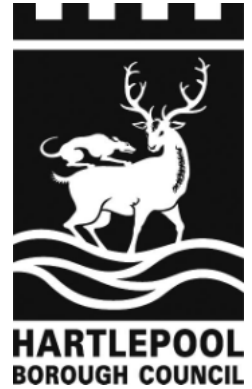


# LICENSING ACT SUB-COMMITTEE AGENDA



**Friday, 8 April 2011**

**at 10.00 a.m.**

**in Committee Room B,  
Civic Centre, Hartlepool**

MEMBERS: LICENSING ACT SUB-COMMITTEE:

Councillors Hall (Chair), Barclay and Sutheran.

1. **APOLOGIES FOR ABSENCE**
  
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
  
3. **ITEMS FOR DECISION**
  - 3.1 Application For A New Premises Licence - 234 Ow ton Manor Lane,  
Hartlepool – *Assistant Director (Regeneration and Planning)*

## **Licensing Act 2003**

### **Procedure for Hearings**

Prior to the commencement of the meeting, a representative of the Democratic Services Section shall establish the identity of those present, who they represent and who intends, or wishes to speak.

1. The Chair's opening comments, including introduction of Members of sub-committee and officers present. Explanation of the decision to be considered.
2. Head of Public Protection and Housing outlines the application, any relevant representations and relevancy to Licensing Policy and statutory guidance.
3. Members ask any questions of the Head of Public Protection and Housing.
4. Applicants present their case (either personally or via legal representation) and introduces witnesses where appropriate.
5. Questions by Members to applicant and/or applicant's witness.
6. Representations by responsible bodies and/or interested parties and witnesses introduced where appropriate.
7. Questions by Members to responsible bodies/interested parties and/or their witnesses.
8. Parties may question and clarify issues raised with the consent of the Chair.
9. If required, responsible bodies/interested parties to be given opportunity to sum up.
10. If required, the applicant to be given opportunity to sum up.
11. Members to have the opportunity to clarify any points raised. The Chair shall ask whether all parties are satisfied they have said all they wish to.
12. Members to go into closed session to deliberate.
13. Chair informs parties of their decision, with reasons.

**Report of:** Assistant Director, Regeneration & Planning

**Subject:** APPLICATION FOR A NEW PREMISES LICENCE -  
234 OWTON MANOR LANE, HARTLEPOOL

---

**1. PURPOSE OF REPORT**

1.1 To consider an application for a new Premises Licence in respect of 234 Owton Manor Lane, Hartlepool.

**2. SUMMARY OF APPLICATION**

2.1 Applicant: Mrs Dorothy Ann Atkinson

Premises: 234 Owton Manor Lane  
Hartlepool  
TS25 3QD

2.2 The application is for the following activities:

1. Supply of Alcohol (Off Sales) Monday – Sunday 11:00 to 22:00

A copy of the application is attached as Appendix 1.

**3. BACKGROUND**

3.1 The application has been advertised in the prescribed manner and two representations have been received from Interested Parties, copies of which are attached as Appendices 2 and 3.

3.2 The representations received refer to crime and disorder, (anti-social behaviour), public nuisance (late night disturbance) and protection of children from harm.

3.3 Following receipt of the above representations, and in compliance with statutory requirements, a Notice of Hearing has been sent to the applicant and the Interested Parties.

**4. ISSUES**

4.1 As relevant representations have been received within the prescribed time period, a hearing must be held for Members to consider those representations (unless all parties agree a hearing is unnecessary).

- 4.2 The applicant has agreed to a number of conditions that will be attached to the licence, should it be granted. These include the provision of a CCTV system and the adoption of policies and procedures to prevent the sale of alcohol to children.
- 4.3 Having regard to the representations received, Members may take any of the following steps for the promotion of the licensing objectives:
- i) Grant the application without amendment
  - ii) Grant the application in part and/or with conditions or amended conditions
  - iii) Refuse the application
- 4.4 The licensing objectives are:
- i) The prevention of crime and disorder
  - ii) Public safety
  - iii) The prevention of public nuisance, and
  - iv) The protection of children from harm
- 4.5 Members are reminded that they must only consider those aspects of the licence application that are relevant to the representations received.

## 5. RECOMMENDATIONS

- 5.1 That members consider the representations made by the applicant and Interested Parties and determine what aspects, if any, of the proposed application should be granted and, if appropriate, what conditions, if any, should be attached.



**APPLICATION FOR A PREMISES LICENCE TO BE GRANTED 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 or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We Dorothy Atkinson apply for as premises licence under section 17 of (insert name(s) of applicant) the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

**Part 1 - Premises details**

Postal address of premises or, if none, ordnance survey map reference or description <u>234 OWTON MANOR LANE</u>	
Post Town <u>HARTLEPOOL</u>	Post Code <u>TS25 3QD</u>

Telephone number at premises (if any) 01429 286066

Non-domestic rateable value of premises  
~~£ 3250 -~~  
£ 2750

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)

- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input checked="" type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title</b> (for example, Rev)
<b>Surname</b> ATKINSON		<b>First names</b> DOROTHY ANN		
<b>I am 18 years old or over</b>				<input checked="" type="checkbox"/> Please tick yes
<b>Current postal address if different from premises address</b>		32 MACRAE RD HA		
<b>Post Town</b>	HARTLEPOOL	<b>Postcode</b>	TS25 3RD	
<b>Daytime contact telephone number</b>		079 88808079		
<b>E-mail address (optional)</b>		atkinsondot@msn.com		

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address		N/A		
Post Town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
N/A.
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note1)

It is a general dealers store, we sell a range of various items, and want to branch out we plan to store and display all Alcohol behind the counter so people have to ask for it we have a camera at front of shop covering the full shop, we also record on a video the activities of shop.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

—
---



What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

**Please tick yes**

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

**B**

Films Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur								
Fri								
Sat						<b><u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun								

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					



# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur					
Fri			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue				
Wed			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Thur				
Fri			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sat				
Sun				

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u></b> (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give a description of the facilities for dancing you will be providing</u></b>	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)	
Wed			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Thur				
Fri				
Sat				
Sun				

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur					
Fri			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	11am	10pm			
Tue	11am	10pm			
Wed	11am	10pm			
Thur	11am	10pm			
Fri	11am	10am			
Sat	11am	10pm			
Sun	11am	10pm			
			<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		

**State the name and details of the individual whom you wish to specify on the licence as premises supervisor**

<b>Name</b>	DOROTHY ANN ATKINSON
<b>Address</b>	32 MACRAE RD Hartlepool
<b>Postcode</b>	TS25 3RD.
<b>Personal Licence number (if known)</b>	Application PENDING.
<b>Issuing licensing authority (if known)</b>	HARTLEPOOL

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

None just the sale of Alcohol,  
Sealed bottles or tins.

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	<del>8am</del> 8am	10pm
Tue	8am	10pm
Wed	8am	10pm
Thur	8am	10pm
Fri	8am	10pm
Sat	8am	10pm
Sun	10am	10pm

State any seasonal variations (please read guidance note 4)

Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

ASK FOR PHOTOGRAPHIC EVIDENCE IF IN DOUBT  
DON'T SELL ALCOHOL TO ANYONE WHO YOU THINK  
ARE PURCHASING TO SUPPLY TO ANYONE  
UNDER AGE. DO NOT SUPPLY ANYONE ALREADY  
UNDER THE INFLUENCE OF DRINK. KEEP A BOOK  
OF REFUSAL OF SALE. CCTV IN OPERATION  
ALWAYS. KEEP SHOP FLOOR CLEAR OF  
OBSTRUCTION AND SPILLIAGES.

**b) The prevention of crime and disorder**

ANYONE WHO ATTEMPTS TO PURCHASE ALCOHOL  
WHO LOOK UNDER THE AGE OF 21 ASK FOR  
PROOF OF AGE SUCH AS PAS VALID PASSPORT  
FULL PHOTO DRIVING LICENCE OR PHOTO  
ID CARD. IF IN DOUBT REFUSE SALE

**c) Public safety**

ALWAYS HAVE CCTV CAMERA OPERATING  
AT ALL TIMES, MAKE SURE ALL FLOORS ARE  
FREE OF HAZARD IE SLIPPY FLOORS, NO OBSTRUCTIONS

**d) The prevention of public nuisance**

TO ONLY SELL ALCOHOL TO RESPONSABLE ADULTS  
AND DO NOT SERVE ANYONE WHO IS UNDER  
THE INFLUENCE OF ALCOHOL.

**e) The protection of children from harm**

IF IN DOUBT OF PERSONS AGE ALWAYS  
ASK FOR ACCEPTABLE ID IE FULL DRIVING  
LICENCE WITH PHOTO, VALID PASSPORT, ID CARD  
WITH PHOTOGRAPH. IF KNOWN ADULT IS BUYING DRINK  
FOR CHILDREN REFUSE TO SERVE.



- I have made or enclosed payment of the fee £ 100 Please tick yes
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

**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**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	<i>D A Adkins</i>
Date	<i>13 Feb 11</i>
Capacity	

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent.** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.  
Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
  11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
  12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**Copies of this completed application form must be sent to:-**

**The Licensing Team (HBC),  
Principal Trading Standards Officer (HBC)  
Development Control Manager (HBC)  
Principal Environmental Health Officer (Commercial Services) (HBC)  
Principal Environmental Health Officer (Environmental Protection) (HBC)  
Head of Safeguarding and Review (Licensing) (HBC)  
Cleveland Police,  
Cleveland Fire Brigade**

**Addresses for the above organisations are detailed in the guidance notes that accompanied this document or can be obtained from the Licensing team on request.**

**The Licensing Section  
Public Protection and Housing  
Hartlepool Borough Council  
Civic Centre  
Victoria Road  
Hartlepool  
TS24 8AY**

Mrs Donna Hotham.  
43 Kynbrace Road.

Hockley  
Cleveland  
TS25 3NR.



19.2.11

Dear Licensing team,

In reference to the yellow notice giving notice of 234 Oulton Manor Lane, seeking permission to sell alcohol, I wish to express my utmost opposition.

There are already 3 licenced liquor outlets on the precinct, more than enough, no need for more.

I strongly object against another shop opening late, selling alcohol.

The area at Oulton has previously seen alot of anti social behaviour, and I strongly feel that a discussion to offer a fourth licence would only enhance the problem again:

which cuts backs left, right and centre who is going to <sup>to</sup> slice it. Who is monitor underage drinking, or adults made to feel intimidated to buy for underage youths outside.

I absolutely am totally against the whole idea, and would be willing to sit in court and voice my objection before the magistrate because the enforcement person don't leave near the area, so would be seeing the aftermath, or even have to put up with the consequences.

Alcohol may want to make a living, but will make more people's lives hell. Please ring or write to myself for more objection.  
Mrs Donna Hotham

P.T.O.

Atkinson <sup>cater</sup> ~~cater~~ for the youngsters, ~~letting~~ selling  
Sweets and things to intise youngsters in.

Was originally a hardware store.

MR. HOTIHAM

175 OXFORD MANOR LADE

HARTLEPOOL

TS25 3QF

22 FEB 2011

DEAR SIR,

I UNDERSTAND THE SHOP  
 ATKINSON HAVE APPLIED FOR A BEER  
 LICENCE. I AM AGAINST THIS AS THERE  
 ARE THREE OTHER SHOPS SELLING WINES  
 SPIRITS, BEER, I LIVE ACROSS THE ROAD  
 FROM THIS SHOP WE DONT WANT ANOTHER  
 ONE, THE KIDS BOY LAMBROSKO. WE  
 ARE PESTERED WITH KIDS, DOING DROSS  
 BOOZING, AND SEX. WE ARE SICK OF  
 THIS, WE DONT WANT ANOTHER SHOP,  
 SELLING BEER. I AM AGAINST THIS

THANK YOU

MR W HOTIHAM