

# **LICENSING ACT SUB-COMMITTEE AGENDA**



**Monday 19<sup>th</sup> December 2011**

**at 9.30 am**

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

**MEMBERS: LICENSING ACT SUB-COMMITTEE:**

Councillors Lawton, Tempest and Wells

- 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, 1-3 Victoria Road, Hartlepool –  
*Assistant Director, Regeneration & 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. Representative of the Assistant Director – Regeneration and Planning (or representative) outlines the application, any relevant representations and relevancy to Licensing Policy and statutory guidance.
3. Members ask any questions of the representative of the Assistant Director – Regeneration and Planning (or representative)
4. Applicant presents their case (either personally or via legal representation) and introduces witnesses where appropriate.
5. Questions by Members to applicant and/or applicant's witnesses.
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 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,  
1-3 VICTORIA ROAD, HARTLEPOOL

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## 1. PURPOSE OF REPORT

- 1.1 To consider an application for a new premises licence in respect of 1-3 Victoria Road, Hartlepool.

## 2. SUMMARY OF APPLICATION

- 2.1 Applicant: Mr Jugjit Singh Ladhar

Premises: 1-3 Victoria Road  
Hartlepool  
TS24 7SE

- 2.2 The applicant has applied for the following activities: -

### Supply of Alcohol (Off Sales)

Monday to Saturday	0900 - 2200
Sundays	1000 - 2200

A copy of the application is attached as **Appendix 1**.

## 3. BACKGROUND

- 3.1 The application has been advertised in the prescribed manner and representations have been received from Cleveland Police and one Interested Party (attached as **Appendices 2 and 3**).
- 3.2 The representation from Cleveland Police alleges that granting the application would exacerbate alcohol related crime and disorder in an area already saturated with alcohol licensed premises.
- 3.3 The representation from the Interested Party alleges that opening an off licence in the vicinity of public houses will increase the risk to children and pose a nuisance to patrons of the public houses and local residents.
- 3.4 The applicant has agreed to a request by Trading Standards for the attachment of four conditions to the licence should it be granted. These relate

to the operation of a Challenge 21 scheme and implementation of a CCTV system.

#### **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 Members are advised that whilst Cleveland Police has referred to the premises being situated within the Council's Special Policy area this is not relevant to this application as the Policy only has effect between the hours of midnight to 9:00 a.m. each day.
- 4.3 Having regard to the representations received, Members may take any of the following steps for the promotion of the licensing objectives:
- i) To approve the application in its entirety
  - ii) To approve the application in part - with or without the addition of further conditions
  - iii) To reject the whole or part of 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 applicant, Cleveland Police and the Interested Party and determine what aspects, if any, of the 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 in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/we Jasjit Singh LADAR  
(Insert name(s) of applicant)

apply for a premises licence under section 17 of 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 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <u>GENERAL DEALER</u>  <u>1-3 VICTORIA ROAD</u> </div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">             DEPARTMENT              01 NOV 2011  <u>4598</u> </div> </div> </div>			
Post town	<u>HARTLEPOOL</u>	Post code	<u>TS24 7SE</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£ TO BE ASSESSED</u>	

#### Part 2 - Applicant Details

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

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *                 | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *            |                                     |                             |
| i. as a limited company                           | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership                              | <input type="checkbox"/>            | please complete section (B) |
| iii. as an unincorporated association or          | <input type="checkbox"/>            | please complete section (B) |
| iv. other (for example a statutory corporation)   | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                              | <input type="checkbox"/>            | please complete section (B) |
| d) a charity                                      | <input type="checkbox"/>            | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body                          | <input type="checkbox"/>            | 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 in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ 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)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>LEWIS</i>			First names <i>JENNIFER GLEN</i>		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		<i>17 PENNYMERE ROAD PONTLEATH</i>			
Post Town	<i>NEATH &amp; VALLEY</i>		Postcode	<i>NP23 5QW</i>	
Daytime contact telephone number					
E-mail address (optional)					



**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					
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
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)

GENERAL DENIERS, NEWS AGENT AND OFF  
LICENSEE SITUATED END OF TERRACE ON  
VICTORIA AVENUE, 2D.

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |



**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>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Wed			<b>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</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**B**

<b>Films</b> 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"/>
				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			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Wed			<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)		
Thur					
Fri					
Sat					
Sun					

C

<b>Indoor sporting events</b> 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>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
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"/>
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 playing of recorded music</u></b> (please read guidance note 4)			
Thur						
Fri			<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)			
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			<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)	
Fri				
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				

<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)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Wed			<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)	
Thur				
Fri				
Sat				
Sun				

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>	
Day	Start	Finish		
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue				
Wed			<b><u>State any seasonal variations for providing dancing facilities</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 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)	
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			<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)	
Fri				
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

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</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					
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed					
Thur					
			<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)		
Fri					
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</b> (Please tick box) (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	0900	2200			
Tue	0900	2200			
Wed	0900	2200			
Thur	0900	2200			
Fri	0900	2200			
Sat	0900	2200			
Sun	1000	2200			
			<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

Name	JS. LADHAR
Address	17 RUNNYMEDE ROAD PONTILAND NEWCASTLE
Postcode	
Personal Licence number (if known)	0143/REPS/00136
Issuing licensing authority (if known)	NORTHUMBERLAND

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

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0900	2200	<p><b>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</b> (please read guidance note 5)</p>
Tue	0900	2200	
Wed	0900	2200	
Thur	0900	2200	
Fri	0900	2200	
Sat	0900	2200	
Sun	1000	2200	

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)

AS INDIVIDUALLY DESCRIBED

b) The prevention of crime and disorder

ANY PERSON SUSPECTED OF BEING INEBRIATED WILL BE REFUSED THE SALE OF ALCOHOL. WE WILL COOPERATE WITH THE POLICE REGARDING ANY POLICY THEY MAY WISH TO INTRODUCE IN RELATION TO CRIME + THE SALE OF ALCOHOL. CCTV WILL BE IN-SITU BOTH INSIDE + OUTSIDE THE PREMISES AND 24HR RECORDINGS WILL BE RETAINED AND MADE AVAILABLE AT ALL TIMES

c) Public safety

WE ARE AWARE OF HEALTH + SAFETY AND FIRE RISKS. FIRE SAFETY + FIRST AID EQUIP WILL BE IN PLACE AND WILL BE REGULARLY MAINTAINED. SAFETY SIGNS WILL BE IN PLACE AND AISLES + EXITS WILL BE UNOBSTRUCTED FREE.

d) The prevention of public nuisance

CUSTOMERS WILL BE REQUESTED TO ENSURE THAT PURCHASES OF ALCOHOL ARE NOT CONSUMED IN THE VICINITY OF THE PREMISES. PEOPLE WILL BE DISCOURAGED FROM CONGREGATING OUTSIDE THE PREMISES.

e) The protection of children from harm

WE ARE AWARE OF THE LAW REGARDING SALES OF ALCOHOL + SUITABLE PHOTOGRAPHIC ID WILL BE REQUESTED OF ANYONE SUSPECTED OF BEING UNDER 18. A RECORD OF REQUESTS WILL BE MAINTAINED. "PROXY SALES" OF ALCOHOL WILL BE REFUSED WHEN REQUESTED + STAFF TRAINING WILL BE ONGOING


Please tick yes

- I have made or enclosed payment of the fee ☒
- 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	
Date	11/11
Capacity	AGENT

**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)

M.J. PHILDER  
24 THE BUNGALOWS  
LANSBURY DRIVE

Post town	BURLEY	Post code	DN13 1HW
Telephone number (if any)	091 2402027		
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.
6. 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.

**The Licensing Section  
Hartlepool Borough Council  
Bryan Hanson House  
Hanson Square  
Hartlepool  
TS24 7BT**



Your Ref:  
Our Ref: LICE/20/770/MN

When telephoning please use  
(01642) 301231 to contact  
Marie Nevison  
Marie.Nevison@cleveland.pnn.police.uk

4th November 2011

Dear Sirs

**Re:- Application for Premises Licence - General Dealers, 1- 3 Victoria Road, Hartlepool**

I refer to the above application for a Premises Licence and make the following representations on behalf of Cleveland Police.

The premises is situated in an area which already suffers from alcohol related crime and disorder and Cleveland Police have received a number of reports of under age drinking. It is of further concern that the premises is situated in a residential area.

In addition to the above, the premises is situated in an area already declared saturated by Hartlepool Borough Council and as such, a Special Policy has been adpted. It is therefore, the opinion of Cleveland Police that if the above application is granted, it will exacerbate the problems already encountered and undermine the Crime and Disorder, Public Safety, Public Nuisance and Protection of Children from Harm objectives.

In the event that this application is not withdrawn, further evidence will be provided by Cleveland Police.

I confirm that a copy of the representations have been sent to the applicant, Mr Jugjit Singh Ladhar.

Should you have any further queries in relation to this application, please do not hesitate to contact me.

Mr Ian Harrison  
Principal Licensing Officer  
Hartlepool Borough Council  
Bryan Hanson House  
Hanson Square  
Hartlepool  
TS24 7BT

**Ian Harrison**

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**From:** Tim | Wynyard Leisure [tim.gilbert@wynyardleisure.co.uk]

**Sent:** 18 November 2011 15:38

**To:** Ian Harrison

**Subject:** Objection to a Licence Application

Hello Ian

On behalf of Wynyard Leisure I would like to raise concerns regarding an application for an off licence on Victoria Road

I believe opening an off licence on the door step of pubs will increase the chances of children hanging around the area, and trying to gain entry to the licensed premises. These children will be hanging around the town, trying each put in turn and causing a nuisance to the bars, our customers and residents in the area.

Having an off licence close to bars could also see a rise in customers buying alcohol from shop and sneaking their purchases into the bars. Not only does this affect the profitability of the bars but also stops the monitoring of alcohol consumption.

Regards

Tim Gilbert

General Manager, Wynyard Leisure Limited

01429 264 166

07572 464 952

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18/11/2011

**RESTRICTED (when complete)****CLEVELAND POLICE****WITNESS STATEMENT**

(CJ Act 1967, s9 MC Act 1980, ss5A(3)(a) and 5B; Criminal Procedure Rules 2005, r.27.1(1))

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Statement of **Jonathan Wrigley**Age if under 18 **Over 18** (If over 18 insert "Over 18") Occupation **Police Sergeant 1814**

This statement (consisting of **4** page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false, or do not believe to be true.

Signature \_\_\_\_\_ Date: **7<sup>th</sup> December 2011**Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

I am Police Sergeant 1814 Wrigley of the District Alcohol Licensing Unit, presently stationed at Hartlepool.

Hartlepool Police have received an application to open an Off Licence on Victoria Road in the former Bar One premises. Alcohol will be available from the premises between 0900 and 2200 hours Monday to Saturday, between 1000 and 2200 hrs on Sundays.

Hartlepool Town Centre has a lively Night Time Economy which is centred on Victoria Road and the Church Street area. The 2 areas are considerably different. Church Street comes alive only on a weekend. During the week it is home to a number of small businesses but in terms of alcohol driven activity it can reasonably be described as dormant.

In contrast, Victoria Road, particularly in the area adjacent to the Middleton Grange Shopping Centre (MGSC) is usually thriving and can be properly described as the retail

Signature \_\_\_\_\_ Signature Witnessed by \_\_\_\_\_

**RESTRICTED (when complete)****CLEVELAND POLICE**Page No **2**Continuation of Statement of **Jonathan Wrigley**

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commercial hub of the Town. It is invariably busy during the day with shoppers and vehicular traffic. The locale is heavily invested with 5 public houses, four of which are shoulder to shoulder and inhabit a full block with one public house opposite and facing them from across Victoria Road. Beyond them is the King Johns Public House and also nearby is the Changes public house. Another public house, the SKYY Bar is seconds away from the main body of public houses situated on Victoria Road.

All of the above premises have an Off Licence function.

In terms of other outlets, the area also hosts 2 mini supermarkets in nearby Murray Street which retail alcohol until 23:00pm daily.

The MGSC contains a further 3 outlets which vend alcohol until 17:30pm daily and York Road is home to a Tesco Express supermarket which also sells alcohol until 23:00 daily.

In total and within easy walking distance of one-another there are 13 outlets which retail alcohol. Alcohol can be available within this area between 06:30am and 04:00 hours. It is therefore reasonable to suggest that the area has in fact reached saturation point in respect to alcohol provision.

Hartlepool Police take the view that the area is more than sufficiently served by the 13 establishments selling alcohol and that the introduction of an Off Licence to the area will

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Signature \_\_\_\_\_ Signature Witnessed by \_\_\_\_\_

**RESTRICTED (when complete)****CLEVELAND POLICE**Page No **3**Continuation of Statement of **Jonathan Wrigley**

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only exacerbate current problems. Furthermore, the temptation for revellers to purchase alcohol from the proposed outlet with a view to sneaking it into the public house premises of their choice may prove irresistible to some. This issue has manifested in recent months and can be the catalyst for ASB, refused entry and ejection from the premises when discovered leading to the aforementioned ASB problems.

Ordinarily, the location of an Off Licence is no great cause for concern but this premises brings nothing new in terms of service provision to the immediate area and metaphorically speaking, is "a bridge too far".

On another note, recent analysis of the impact of the new licensing laws on the health of the nation revealed a 64% national increase in hospital admissions for alcohol related liver disease among people in their early 30's. However in the North East of England that figure rose by an astonishing 400% over eight years. The health campaign group Balance North East which is funded by North East Primary Care Trusts produced the figures which show that in 2002, hospital admissions for 30 to 34 year olds were 37 compared to 189 in 2010.

The introduction of yet another outlet in an already saturated environment can hardly ameliorate the situation. If anything, it simply adds to the problems in terms of the management of the NTE. The police have significant concerns around the Protection of Children from Harm because the area is frequently used by teenagers to congregate, particularly on a weekend and in school holidays. The above report by Balance North East

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Signature \_\_\_\_\_ Signature Witnessed by \_\_\_\_\_

**RESTRICTED (when complete)****CLEVELAND POLICE**Page No **4**Continuation of Statement of **Jonathan Wrigley**

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also highlighted that the North East has the highest rate of 11 to 15 year olds who drink in England and the highest rate of under-18's admitted to hospital because of alcohol.

The introduction of yet another outlet within this area cannot promote the 4 Licensing Objectives and in the view of Cleveland Police will go some way to reverting them. Additionally the police have particular concerns around the Prevention of Crime and Disorder and Public Safety because of its proposed proximity to the NTE.

Hartlepool Police vigorously oppose the application.

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Signature \_\_\_\_\_ Signature Witnessed by \_\_\_\_\_