



Representations On A Current Application For A Grant/Variation of a Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

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 (Insert name) CHRISTOPHER A WHITTAKER

Wish to make representation about the application in respect of the premises licence or club premises certificate, the details for which are shown below.

PART 1 – PREMISES OR CLUB PREMISES DETAILS

Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description

Field next to Fremington OS 04584 98660

Name of premises licence holder or club holding club premises certificate (if known)

Might Events Ltd

Number of premises licence or club premise certificate (if known)

Not Known

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am:

- | | | |
|---|-------------------------------------|-----------------------------------|
| A person | <input checked="" type="checkbox"/> | (please complete section A below) |
| A body representing any other person | <input type="checkbox"/> | (please complete section B below) |
| A responsible authority | <input type="checkbox"/> | (please complete section C below) |
| A member of the club to which this representation relates | <input type="checkbox"/> | (please complete section A below) |

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

I am 18 years old or over

Yes (Please Tick)

Name and Address Dr. Christopher A Whittaker	
Daytime contact telephone number	
E-mail address (optional)	

(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g Body or Business)

Name and Address Nor applicable	
Telephone Number (If any)	
E-Mail address (optional)	

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address	
Telephone Number (If any)	
E-Mail address (optional)	

This representation relates to the following licensing objective(s)

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance
- the protection of children from harm


Please state the ground(s) for representation. (please read guidance note 1)

I wish to strongly object to this Application on the grounds that it does not support the licensing objective 'Prevention of Public Nuisance.' The application seeks to significantly extend the existing permissions for a wide range of noise-generating activities: films, live music, recorded music and the sale of alcohol from a reasonable deadline of 11.00 pm to a totally unacceptable time of 1.30am.

This field is situated in close proximity to Grinton, Fremington, High Fremington, and is near Reeth. The proposal would significantly impact the lives of working families, school children, retired residents, and visitors for two nights during the working week and the whole of the weekend.

Part 3 – Signatures (Please read guidance note 3) DETAILS OF INDIVIDUAL LICENSING OFFICERS

Signature of representative(s), solicitor or other duly authorised agent (see guidance note 4)
If signing on behalf of the representative please state in what capacity.

Signature		Date	19 02 24
Capacity			

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5)	
As above	
Post Town	Post Code
Telephone Number (if any)	
E-mail Address (optional)	

Notes for Guidance

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details (e.g. dates of problems which are included in the grounds for representation if applicable).
3. The representation form must be signed.
4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address, which we shall use to correspond with you about this representation.
6. Information on the Licensing Act 2003 is available on the Council's website and you are advised to read any relevant guidance leaflets before completing this form.

Please return this form by post to:

The Licensing Team, North Yorkshire Council, Civic Centre, Stone Cross, Northallerton
DL6 2UU

Or by email to:

licensingteam.ham@northyorks.gov.uk

Please provide as much information as possible to support the representation

(please read guidance note 2)

It is particularly concerning that the applicant does not address these concerns in his/her application, choosing to focus on stewardship of the event. No attempt has been made to consult with local people and minimal information has been posted on the site.

I respectfully request that councillors reject this proposal outright and support the needs of local people.

Have you made any representation relating to these premises before? Yes / ~~No~~

If Yes, please state the date of that representation

Day		Month		Year			

If you have made representation before relating to this premises please state what they were and when you made them.