

Representations on a Current Application for a Grant/Variation/Review of a Premises Licence or Club Premises Certificate under The Licensing Act 2003

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are

Before completing this form please read the Guidance Notes at the end of the form

inside the boxes and written in completed form for your records	black ink. Use additional sheets if necessary. You may wish to keep a copy of the
I/We (Insert name) Alice Wis	eman
Wish to make representation certificate (delete as applicab	about the application for variation/grant for a premises licence/club premises le)
PART 1 - PREMISES OR CL	UB PREMISES DETAILS
	es or Club Premises, or if none, ordnance survey map reference or
Durham Road Service Station	on, Durham Road, Birtley
Post Town	Post Code Post Code
Gateshead	DH3 2PF
Name of premises licence h	older or club holding club premises certificate (if known)
Penny Petroleum North East	<u>Limited</u>
Number of premises licence	or club premise certificate (if known)
PART 2 – DETAILS OF PERS	SON MAKING REPRESENTATION
	Please Tick ✓

A member of the club to which this representation relates (please complete (A) below)

A responsible authority (please complete (C) below)

Other persons (Please complete (A) or (B) below)

1)

2)

3)

Mr Mrs	Miss	Ms	Other Title (for exa	mple, Rev)
Surname		First	Names	
I am 18 years old or over			Yes	(Please Tick)
Current Address				
Post Town			Post Code	
Daytime contact telephone nu	mber			
E-mail address (optional)				
	RTY MAKING R	EPRESENTATIO	ON (e.g Body or Busing	ess)
Name and Address	RTY MAKING R	EPRESENTATIO	DN (e.g Body or Busin	ess)
(B) DETAILS OF OTHER PAR Name and Address Telephone Number (If any) E-Mail address (optional)	RTY MAKING R	EPRESENTATIO	DN (e.g Body or Busin	988)
Name and Address Telephone Number (If any) E-Mail address (optional)				988)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address				988)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman				988)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman Director of Public Health				988)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman Director of Public Health Gateshead Council				988)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman Director of Public Health Gateshead Council Regent Street				PSS)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman Director of Public Health Gateshead Council Regent Street Gateshead				288)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman Director of Public Health Gateshead Council Regent Street Gateshead				988)
Name and Address Telephone Number (If any) E-Mail address (optional) (C) DETAILS OF RESPONSIE Name and Address Alice Wiseman Director of Public Health Gateshead Council		Y MAKING REP		288)

		Please Tick ✓
1.	The Prevention of Crime and Disorder	
2.	Public Safety	✓
3.	The Prevention of Public Nuisance	
4.	The Protection of Children From Harm	✓

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

This representation relates to the following licensing objective(s)

The Protection of Children From Harm

This representation is made in my capacity as Director of Public Health for the Borough of Gateshead. As a responsible authority, I am concerned that the requested extension to the hours of alcohol sales are not in accordance with the promotion of the licensing objectives.

Since 2013 Directors of Public Health have been 'responsible authorities' under the Licensing Act 2003. The role of the Director of Public Health is to help promote the health and wellbeing of the local populations they serve. The Public Health approach to alcohol is to encourage and promote responsible drinking and protect young people from related harm. This is an expansive remit that influences a wide range of circumstances, including local licensing arrangements. Similarly the licensing regime is concerned with the promotion of the licensing objectives, which collectively seek to protect the quality of life for those who live, and work in the vicinity of licensed premises, and those who socialise in licensed premises.

International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm (NICE, PH24). Control policies in this area (regulating availability) reflect the theory that if alcohol is less easy to obtain, alcohol consumption and harm will decrease (Public Health England, 2016).

Rising consumption has been attributed to the increased affordability, availability and promotion of alcohol, along with a greater social acceptance of regular drinking and a tolerance of drunkenness. Increased availability of alcohol has come about through the progressive relaxation of the licensing regime. The contributory role that alcohol plays in a wide range of adverse social consequences is also increasingly recognised with links to crime, social disorder, fire fatalities, violence, domestic violence, child neglect and work-related problems. Poorer populations and communities experience a disproportionately greater level of alcohol-attributable harm (AFS and SHAAP, 2011).

My objection to this variation is supported by the growing knowledge of the role of alcohol in a wide range of acute and chronic disorders, and a greater understanding of its negative social impacts. Licensing is and always has been a whole population intervention which should be employed to protect our population from harm.

Please provide as much information as possible to support the representation

(Please read guidance note 2)

Additional evidence to be provided at a later date.

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

D	ay		nth			ear	.,
0	9	1	0	2	0	1	7

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

Representation to restrict the number of licenced hours for the sale of alcohol.

How We Collect And Use Information

The information collected, on this form and from supporting evidence, by Gateshead Council will be used to process your application. The information may be passed to other Enforcement Agencies as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities

We will not disclose information about you to anyone outside Gateshead Council nor use information about you for other purposes unless the law permits us to.

Gateshead Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at Civic Centre, Regent Street, Gateshead, NE8 1HH

Part 3 – Signatures (Please read guidance note 3)

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

Signature	ellu	. Wizeman	***************************************	Date		09/10/201	7	
Capacity	Director of Public Hea	ılth						
representat	ame (where not pre iion. (Please read guid	viously given) a ance note 5)	and address	for correspon	ndence	associated	with	this
Post Town		***************************************	Post Cod	le				
							••••••	
Telephone	Number (if any)							
E-mail Add	dress (optional)							

Notes for Guidance

- 1. The ground(s) for representation <u>must</u> be based on one or more of the licensing objectives.
- 2. Please list any additional information or details for example 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.
- For further information about the Licensing Act 2003 please contact: The Licensing Act Section, Development & Public Protection, Civic Centre, Regent Street, Gateshead Tyne and Wear NE8 1HH Tel: 0191 433 3918 or 0191 433 3178



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I/We (Insert name) The Licensing Authority		
Wish to make representation about the application for vicertificate (delete as applicable)	ariation/grant for a premises licence/club	premises
PART 1 – PREMISES OR CLUB PREMISES DETAILS	;	
Postal Address of Premises or Club Premises, description	or if none, ordnance survey map	reference o
Penny Petroleum North East Limited, Durham Road	d Service Station, Birtley, Gateshead	
Post Town: Gateshead	Post Code: DH3 2PF	V.
Name of premises licence holder or club holding cl	lub premises certificate (if known)	
Penny Petroleum North East Limited		
Number of premises licence or club premise certific	cate (if known) 00CH04458	
PART 2 – DETAILS OF PERSON MAKING REPRESEN	NTATION	
		Please Tick ✓
A responsible authority (please complete (C) bel	low)	✓
2) A member of the club to which this representation	on relates (please complete (A) below)	

3)

Other persons (Please complete (A) or (B) below)

Surname	A	First N	ames	
I am 18 years old or over			Y	es Please T
Current Address		A		
Post Town			Post Cod	le
Daytime contact telephone E-mail address (optional)	number			
(B) DETAILS OF OTHER PA	LARTY MAKING REF	RESENTATIO	N (e.g Body or I	Business)
• •				
Name and Address				
	Nation 2 - 1			

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address	
The Licensing Authority	
Civic Centre	
Regent Street	
Gateshead	

Telephone Number (If any)	0191 433 4741
E-Mail address (optional)	licensing@gateshead.gov.uk

This	representation relates to the following licensing objective(s)	
		Please Tick ✓
1.	The Prevention of Crime and Disorder	✓
2.	Public Safety	
3.	The Prevention of Public Nuisance	✓
4.	The Protection of Children From Harm	

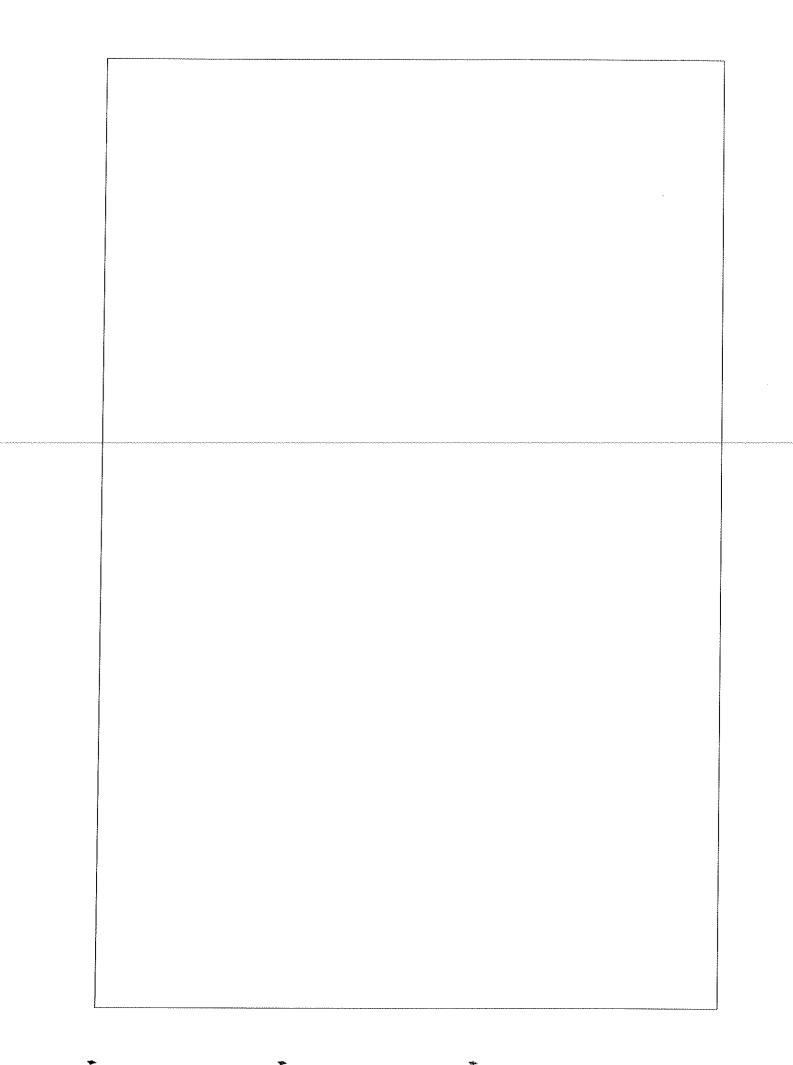
Please state the ground(s) for representation (please read guidance note 1)

The application falls within the Birtley Ward of Gateshead. The Licensing Authority has been working closely with Council's Community Safety Team examining crime and antisocial behaviour in this particular area.

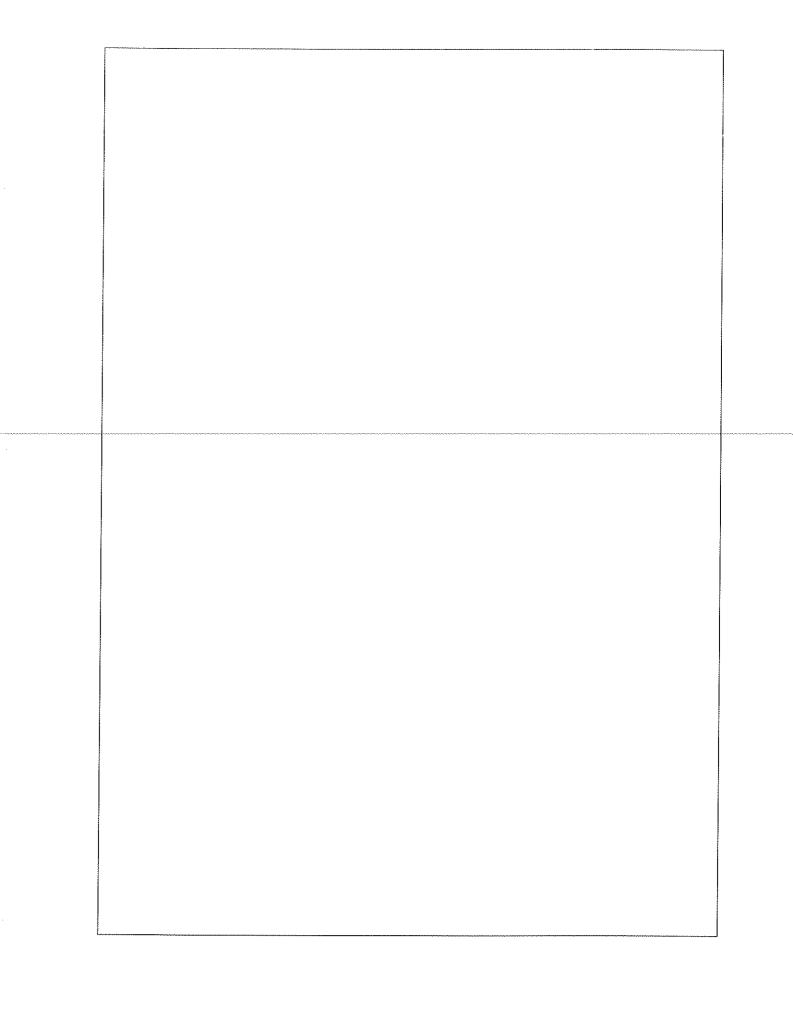
The premises in question has been licensed until 2300 to sell alcohol which is in line with the timings set out in the Licensing Policy. During this period crime in the Birtley ward has risen, on average crime across Gateshead had risen by 34% in Birtley this figure is 32% whilst marginally less than average it is nevertheless still significant. Futhermore, the rate of recorded crime in this ward increased from 62.9 crimes per 1,000 residents between 20/05/2015 and 19/05/2016 to 88.1 crimes per 1,000 residents between 20/05/2016 and 19/05/2017. The rate of recorded crime for Gateshead during these two periods increased from 65.8 crimes between 20/05/2016 and 19/05/2017 to 88.1 crimes between 20/05/2016 and 19/05/2017.

The peak period for reports of crime is midnight to 0100.

Taking the above into account the Licensing Authority considers that making alcohol readily available in this locality with crime and disorder already increasing will undermine the Licensing Objective by failing to prevent crime and disorder. In addition by making alcohol available during the night disorder in the area which already causes public nuisance is likely to be exacerbated rather than prevented and as such the objective of the prevention of public nuisance will be undermined.



Please provide as much information as possible to support the representation	
(Please read guidance note 2)	
The Licensing Authority reserves the right to make additional comments and present further sup	oporting
evidence.	
	:
	·····



Plea	se
Tick	1

Have you made any representation relating to these premises before?

 $X\square$

If Yes, please state the date of that representation

Day		Month		Year				
2		2	0	3	2	0	1	6

If you ha made th	ave made representation before relating to this premises please state what they were and when you hem.						
A representation was made on the s17 Grant application in March 2016 by the Licensing Authority							

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Part 3 - Signatures (Please read guidance note 3)

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

Signature	J Bradley		Date	9 October 2017							
Capacity	On behalf of the Licensing Authority										

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

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