

## Responsible Authority Representation Form

Thames Valley Police, Royal Berkshire Fire and Rescue Service, Health and Safety Executive, Area Child Protection Committee, Slough Borough Council [SBC] Commercial Services (Health and Safety and Trading Standards), Planning and Development Control Services [SBC], Public Health Services [SBC].

### APPLICATION DETAILS

<b>Name of Premises</b>	
<b>Address of Premises &amp; Tel: No.</b>	302-304 High Street Slough SL1 1NB
<b>Applicant Details</b> (Name, address, Tel: No.) if different from above	Ms Hannah Aslam
<b>Company Name</b> (if different from Applicant)	
<b>Application type</b> (state fully)	Premises licence for a café, bar, restaurant, takeaway, and baquetting operation.
<b>Date Application received</b>	28 August 2013

REPRESENTATION SUBMISSION

Please tick

<p><b>There are no representations to the granting of this licence</b></p>	<p><input type="checkbox"/></p>
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<p><b>If you are making representations to the application identify which of the four licensing objectives your representation relates to:</b></p> <p>Please detail your representation and the reason together with your supporting evidence, as appropriate. <i>(If replying by hard copy, please attach separate sheet(s) if necessary).</i></p>		
<p>Prevention of Crime and Disorder</p>	<p>Please tick <input type="checkbox"/></p>	
<p>Public Safety</p>	<p><input type="checkbox"/></p>	
<p>Prevention of Public Nuisance</p>	<p><input checked="" type="checkbox"/></p>	<p>The applicant has stated that they wish for the premises to be licenced until 05:00 on Sunday morning. The premises has residential units above that historically have complained about the noise impact of late night entertainment in the area.</p> <p>It is not possible to grant a licence in favour of the times requested because of the potential noise complaints</p>
<p>Protection of Children from Harm</p>	<p><input type="checkbox"/></p>	

**Please provide advice to the Licensing Sub-Committee on how you believe they should consider the representation.**

If appropriate, recommend conditions that could be added to the Licence to remedy your representation or other suggestions you would like the Licensing Sub-Committee to take into account.

If replying by hard copy, please attach separate sheet(s), if necessary.

Please refer to the Responsible Authority Guidance Note.

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Name of Officer completing Representation	Richard Garnett
Job Title	Environmental Health Officer
Name of Responsible Authority	Neighbourhood Enforcement Team Slough Borough Council
E-mail address: Tel: No.	<a href="mailto:Richard.garnett@slough.gov.uk">Richard.garnett@slough.gov.uk</a> 01753 875254

**N.B.** If you do make a representation you will be expected to attend the Licensing Sub-Committee hearing and any subsequent appeal proceedings.

Signed: ..... Dated: .....

Please return this form along with any additional sheets, if replying by hard copy to:

The Licensing Team  
Consumer Protection & Business Compliance  
Slough Borough Council  
MyCouncil

Landmark Place  
Windsor Road  
Slough SL1 1JL **or** email to [Licensing@Slough.Gov.Uk](mailto:Licensing@Slough.Gov.Uk)

This form **must** be returned within **14 consecutive days** of the application being made to the Licensing Authority.