

APPENDIX D

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

Name of Premises	Baylis House
Address of Premises & Tel: No.	Stoke Poges Lane SL1 3PB
Applicant Details (Name, address, Tel: No.) if different from above	Debie Pearmain, Police Licencing Officer Windsor Police Station, Alma Road Windsor, Berkshire 01753 835571
Company Name (if different from Applicant)	Thames Valley Police
Application type (state fully)	A review under the prevention of crime and disorder and the protection of harm to children licensing objectives
Date Application received	2 nd July 2014

REPRESENTATION SUBMISSION

Please tick

<p>There are no representations to the granting of this licence</p>	<p><input checked="" type="checkbox"/></p>
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If you are making representations to the application identify which of the four licensing objectives your representation relates to:

Please detail your representation and the reason together with your supporting evidence, as appropriate. *(If replying by hard copy, please attach separate sheet(s) if necessary).*

	Please tick	
Prevention of Crime and Disorder	<input checked="" type="checkbox"/>	I support the evidence presented
Public Safety	<input type="checkbox"/>	
Prevention of Public Nuisance	<input type="checkbox"/>	
Protection of Children from Harm	<input checked="" type="checkbox"/>	I support the evidence presented

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.

I fully support the Police submission as I was the officer first notified of the CSE case and reported this to the police

Name of Officer completing Representation	Dr Angela Snowling
Job Title	Assistant Director of Public Health
Name of Responsible Authority	Assistant Director of Public Health, Slough Borough Council
E-mail address:	Angela.Snowling@slough.gov.uk
Tel: No.	01753 875142

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: ...Angela Snowling

Dated: ... 3rd July 2014

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

The Licensing Team
Public Protection Services
Landmark Place
High Street
Slough
SL1 1JL **Or** E-mail to Licensing@Slough.gov.uk