

APPENDIX E

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 (PL4603)
Address of Premises & Tel: No.	Stoke Poges Lane Slough SL1 3PB
Applicant Details (Name, address, Tel: No.) if different from above	Debbie Pearmain Police Licensing Officer Windsor Police Station Alma Road Windsor 01753 835571
Company Name (if different from Applicant)	
Application type (state fully)	Review of license
Date Application received	2.7.2014

REPRESENTATION SUBMISSION

Please tick

There are no representations to the granting of this licence	<input type="checkbox"/>
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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 type="checkbox"/>	
Public Safety	<input type="checkbox"/>	
Prevention of Public Nuisance	<input type="checkbox"/>	
Protection of Children from Harm	<input checked="" type="checkbox"/>	<p>The incident of concern identified in the Police application for review of the license exemplifies the risks of Child Sexual Exploitation when inadequate preventive measures are in place</p> <p>There is potential for serious risk of harm to children and young people unless the issues are addressed as recommended</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.

The proposed license conditions are appropriate and proportionate and will make a contribution to the disruption and prevention of Child Sexual Exploitation.

The conditions will also contribute to collation of intelligence to support prosecution of perpetrators of Child Sexual exploitation in the event of further incidents at this venue

Name of Officer completing Representation	John Nixon
Job Title	Head of Safeguarding & Quality Assurance
Name of Responsible Authority	Slough Local Safeguarding Children Board
E-mail address:	John.nixson@slough.gov.uk
Tel: No.	01753 875755

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: submitted by e-mail

Dated: ...2.7.2014.....

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