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TRAFFORD COUNCIL

AGENDA PAPERS FOR LICENSING SUB-COMMITTEE MEETING

Date: Wednesday, 4 January 2017

Time: 6.30 pm

Place: Council Chamber, Trafford Town Hall, Talbot Road, Stretford,
Manchester, M32 0TH

| A G E N D A | PART I | Pages |
|--------------------|---|--------------|
| 1. | ATTENDANCES | |
| | To note attendances, including Officers and any apologies for absence. | |
| 2. | APPLICATIONS WITH ALL PARTY AGREEMENT (STANDING ITEM) | |
| | To receive an update on applications where all parties have reached agreement and to decide, in each case, whether to: | |
| | Agree that a hearing is not necessary and determine to grant the licence and attach the agreed conditions: or | |
| | Agree that a hearing will be necessary with all the parties present. | |
| 3. | APPLICATION FOR THE GRANT OF A NEW PREMISES LICENCE - RIDDLES EMPORIUM, 35 REGENT ROAD, ALTRINCHAM, WA14 1RX | |
| | To consider a report of the Head of Regulatory Services. | 1 - 22 |
| 4. | URGENT BUSINESS (IF ANY) | |
| | Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency. | |

THERESA GRANT
Chief Executive

Licensing Sub-Committee - Wednesday, 4 January 2017

Membership of the Committee

Councillors M. Whetton, M. Freeman and J. Smith

Further Information

For help, advice and information about this meeting please contact:

Mrs Ruth Worsley, Democratic & Scrutiny Officer

Email: ruth.worsley@trafford.gov.uk

This agenda was issued on **Monday 19 December 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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AGENDA ITEM NO.

TRAFFORD COUNCIL

THE LICENSING SUB-COMMITTEE – 4th JANUARY 2017

REPORT OF THE HEAD OF REGULATORY SERVICES

REPORT REF. NO.

**APPLICATION FOR THE GRANT OF A NEW PREMISES LICENCE –
RIDDLES EMPORIUM, 35 REGENT ROAD, ALTRINCHAM, CHESHIRE, WA14
1RX**

PURPOSE

To advise Members of an application for the Grant of a new premises licence for Riddles Emporium, 35 Regent Road, Altrincham, Cheshire, WA14 1RX.

The application has attracted representations from local residents.

OPTIONS

The Sub-Committee to take such steps as they consider necessary for the promotion of the Licensing Objectives in accordance with the provisions of subsection 18 (4) of the Licensing Act 2003.

Iain Veitch
Head of Regulatory Services

Further Information From:

Name: Jan Taylor
Licensing Officer

Extension: 4047

Proper Officer for the purposes of L.G.A 1972,S.100D
(background papers): Head of Regulatory Services

Appendices:

Appendix A – Application and Operating Schedule (including layout of premises)

Appendix B – Representation A from local resident (Akid).

Appendix C – Representation B from local resident (Atherton).

1. Background

- 1.1 35 Regent Road, Altrincham, Cheshire is a commercial unit which is historic in character. It is situated on the corner of Regent Road and Normans Place close to the main shopping area in Altrincham Town Centre.

The Premises does not currently benefit from a premises licence.



2. Application for the Grant of a Premises Licence

- 2.1 On 2nd November, 2016 the Licensing Section received an application (**Appendix A**) from Emma Rostaing for the grant of a new premises licence.
- 2.2 The application requests the granting of a premises licence for the Supply of Alcohol, off the premises.
- 2.3 The hours requested for the licensable activity on the application are as follows:

Sale of Alcohol (off the premises):




| | | |
|----------------------|---|---------------|
| Monday to Wednesday | : | 09:00 – 18:00 |
| Thursday to Saturday | : | 09:00 – 22:00 |
| Sunday | : | 09:00 – 16:00 |

2.4 The applicant has complied with all requirements under the application process including advertising the application in a newspaper, advertising by way of public notice at the premises and submitting a copy of the complete application to all Responsible Authorities. The application is deemed to be correctly submitted.

3. Representations



KEY

-  35 Regent Road, Altrincham
-  Representation – Mr P A Akid
-  Representation – Mr P & Mrs J Atherton

3.1 During the consultation period, two letters of representation were received from local residents (**Appendices B & C**).

3.2 The Committee are respectfully advised that the representations received against the application broadly relate to the Licensing Objectives.

3.3 The Members are advised that The Government's Guidance states that it is not sufficient for an objector to simply state that they wish to object, or that they are objecting on noise grounds. A representation should give more detail of the likely impact should the licence be granted.

3.4 It is recommended that, in borderline cases, the benefit of the doubt about any aspect of a representation should be given to the person making that

representation. The subsequent hearing would then provide an opportunity for the person or body making the representation to amplify and clarify it.

3.7 The Members are therefore required to determine the relevance of all representations.

3.8 When considering the relevance of any representation the Licensing Sub-Committee must be aware that :

- i. the representation can be from any person or body;
- ii. it must not be repetitious, vexatious or frivolous;
- iii. it must relate to one or more of the licensing objectives.

4. Licensing Policy and Guidance

4.1 The Committee are respectfully referred to the Council's own Licensing Policy relating to the Licensing Act 2003 objectives and to the Secretary of State's Guidance. (Copy available at meeting)

5. Options

5.1 The Sub-Committee to take such steps as they consider necessary for the promotion of the Licensing Objectives in accordance with the provisions of subsection 18 (4) of the Licensing Act 2003. The steps specified are:

5.1.1 To grant the licence subject to-

- Conditions consistent with the operating schedule accompanying the application modified to such extent as the authority considers necessary for the promotion of the licensing objectives, and;
- Any mandatory conditions which must be included under the Licensing Act 2003

5.1.2 to exclude from the scope of the licence any of the licensable activities to which the application relates;

5.1.3 to refuse to specify a person in the licence as the premises supervisor;

5.1.4 to reject the application.

5.2 The Sub-Committee is advised that any findings on any issues of fact should be on the balance of probability and any decision should be based on the individual merits of the application.

5.3 The Sub-Committee, in arriving at its decision, must have regard to relevant provisions of national guidance and its own statement of licensing policy and reasons should be given for any departure.

APPENDIX A

APPLICATION AND OPERATING SCHEDULE (including premises layout)

ULH xxx 35RE/1
PL 06 2555



TRAFFORD
COUNCIL

LA04 09/16
LDO: 30/11/16

**Application for a premises licence to be granted
under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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 EMMA ROSTAING
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

| | | | |
|--|------------|-----------|----------|
| Postal address of premises or, if none, ordnance survey map reference or description | | | |
| 35 REGENT ROAD ALTRINCHAM WA14 1RY | | | |
| Post town | ALTRINCHAM | Post code | WA14 1RY |
| Telephone number at premises (if any) | | £190 | |
| Non-domestic rateable value of premises | | £ 9,100 | |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual * please complete section (B)
- i. as a limited company please complete section (B)
- ii. as a partnership please complete section (B)

- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

| | | | | | |
|---|---|---|-----------------------------|--------------------------------|---|
| Mr <input type="checkbox"/> | Mrs <input checked="" type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | First names | | | |
| ROSTAING | | EMMA. | | | |
| I am 18 years old or over | | | | | <input checked="" type="checkbox"/> Please tick yes |
| Current postal address if different from premises address | | 2. LUTENER AVENUE ALTRINCHAM CHESHIRE | | | |
| Post Town | ALTRINCHAM | Postcode | WA14 12 5 JL | | |
| Daytime contact telephone number | | 07592 606863 | | | |
| E-mail address (optional) | | | | | |

SECOND INDIVIDUAL APPLICANT (if applicable)

| | | | | | |
|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|-----------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| I am 18 years old or over | | | | <input type="checkbox"/> | Please tick yes |
| Current postal address if different from premises address | | | | | |
| Post town | | | | Postcode | |
| Daytime contact telephone number | | | | | |
| E-mail address (optional) | | | | | |

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

| |
|---|
| Name |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

A

| | | | | | |
|---|-------|--------|--|---|--------------------------|
| Plays Standard days and timings (please read guidance note 6) | | | Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | Both | <input type="checkbox"/> |
| Mon | | | | <u>Please give further details here</u> (please read guidance note 3) | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | |
|---|-------|--------|---|---|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | Both | <input type="checkbox"/> |
| Mon | | | | <u>Please give further details here</u> (please read guidance note 3) | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

C

| | | | | |
|---|-------|--------|---|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) | |
| Day | Start | Finish | | |
| Mon | | | | |
| Tue | | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| Wed | | | | |
| Thur | | | | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |
| Fri | | | | |
| Sat | | | | |
| Sun | | | | |
| | | | | |

D

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|---|-------|--------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |

E

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|---|-------|--------|---|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

F

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|---|-------|--------|---|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

G

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|---|-------|--------|--|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | ..... |  | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | ..... |  |  |  |  |
| Wed | ..... |  | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | | |
| Thur | ..... |  |  |  |  |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

H

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|--|-------|--------|---|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment you will be providing | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | ..... |  |  | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | ..... |  | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | ..... |  |  |  |  |
| Thur | ..... |  | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | |
| Fri | ..... |  |  |  |  |
| Sat | ..... |  | <u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sun | ..... |  |  |  |  |

I

| | | | | | |
|---|-------|--------|--|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

J

| | | | | | |
|---|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input checked="" type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | 9.00 | 18.00 | | | |
| Tue | 9.00 | 18.00 | | | |
| Wed | 9.00 | 18.00 | | | |
| Thur | 9.00 | 22.00 | | | |
| Fri | 9.00 | 22.00 | | | |
| Sat | 9.00 | 22.00 | | | |
| Sun | 9.00 | 16.00 | | | |
| | | | Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5) | | |

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

| | |
|---|-----------------------------------|
| Name | EMMA ROSTAINO |
| Address | 2 LUTENER AVE ALTRINCHAM WA |
| Postcode | WA14 5JL |
| Personal Licence number (if known) 137578 | PA 2256 |
| Issuing licensing authority (if known) Manchester | BOLTON COUNCIL |

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

L

| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | State any seasonal variations (please read guidance note 4) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Mon | 9.00 | 18.00 | <p>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)</p> |
| Tue | 9.00 | 18.00 | |
| Wed | 9.00 | 18.00 | |
| Thur | 9.00 | 22.00 | |
| Fri | 9.00 | 22.00 | |
| Sat | 9.00 | 22.00 | |
| Sun | 9.00 | 16.00 | |
| | | | |
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| | | | |

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

TO NOT SUPPLY ALCOHOL TO ANYONE UNDER 18.
TO NOT SUPPLY ALCOHOL TO ANYONE WHO IS INTOXICATED.
TO TRAIN STAFF ON LICENSING OBJECTIVES.

b) The prevention of crime and disorder

TO INSTALL CCTV SYSTEM THAT CAN HOLD FOOTAGE (VID + IMAGES) FOR UP TO 30 DAYS FOR USE BY THE RELEVANT AUTHORITIES.
TO ENSURE SAFETY OF STAFF BY LOCKING UP VALUABLES ON SITE.

c) Public safety

TO ENSURE A THOROUGH FIRE SAFETY HANDBOOK IS ISSUED + STAFF ARE TRAINED AND GIVEN FIRE DRILL TRAINING TO MAKE SURE THE PREMISES FOLLOW CURRENT HEALTH AND SAFETY GUIDELINES.

d) The prevention of public nuisance

TO PROMOTE SENSIBLE DRINKING.
- TO INSTALL CCTV (AS ABOVE)
- TO NOT SUPPLY ALCOHOL TO ANYONE ALREADY INTOXICATED.

e) The protection of children from harm

TO NOT SERVE ANYONE UNDER 18.
TO ENSURE CHILDREN ARE ALWAYS ACCOMPANIED BY AN ADULT IN THE SHOP.


Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

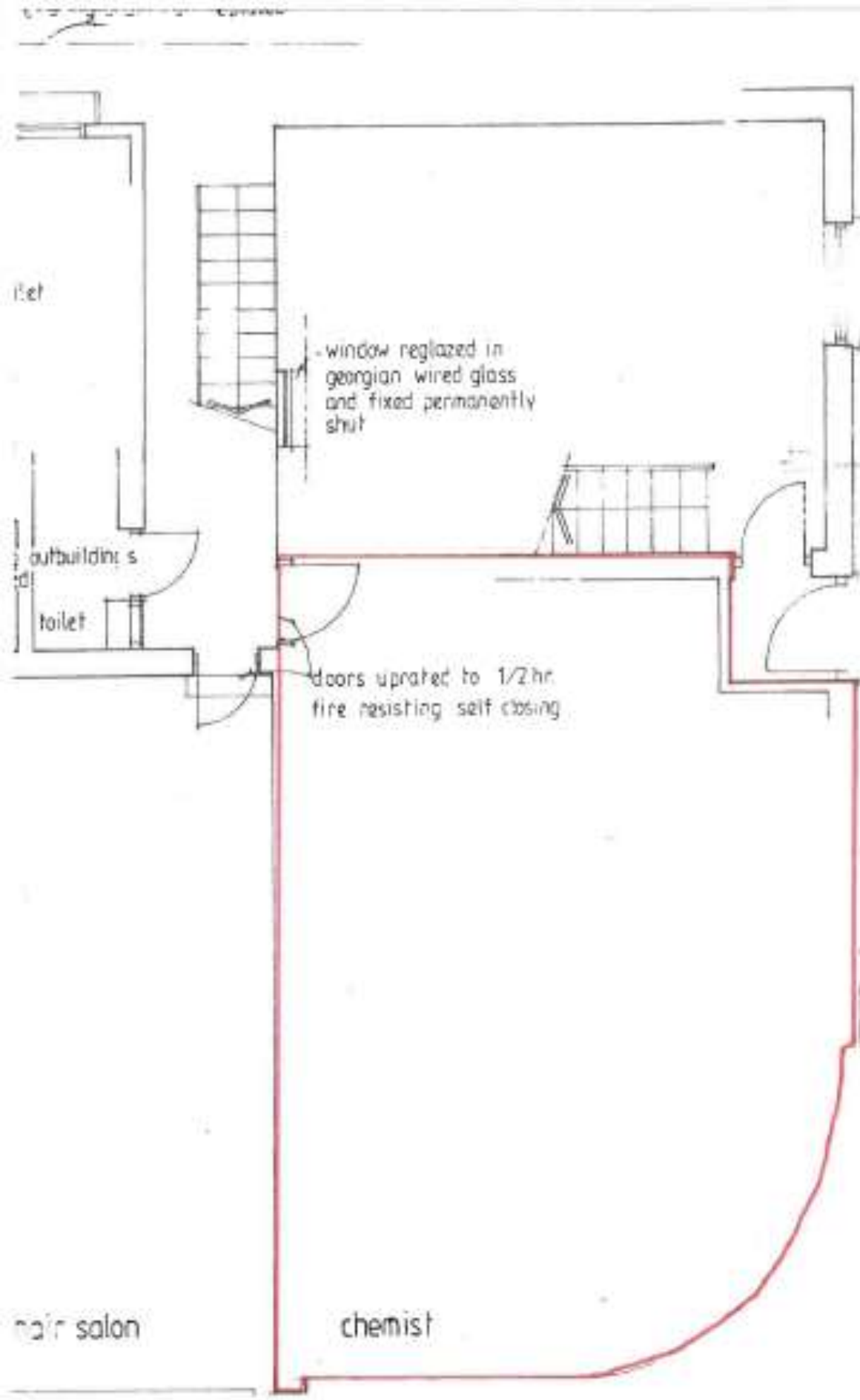
Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

| | |
|-----------|---|
| Signature |  |
| Date | 02/11/2016. |
| Capacity | |

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

| | |
|-----------|--|
| Signature | |
| Date | |
| Capacity | |

| | | | |
|--|--|------------------|--|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) | | | |
| | | | |
| Post town | | Post code | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional) | | | |
| | | | |





APPENDIX B

Representation A from local resident

Peter Akid

From: Peter Akid [peter.akid@btinternet.com]
Sent: Sunday, November 27, 2016 4:22 PM
To: licensing@trafford.gov.uk
Cc: 'Peter Akid'
Subject: Objection - Riddles Emporium, 35 Regent Rd, Altrincham.



Dear Sir / Madam,

I wish to object to the licensing application for the above address (proposed bar / Off license) for the following reasons :-

- The corner of Regent Road and Normans Place is a busy junction and the extra traffic and parking will worsen this existing problem significantly.
- Normans Place (the road down the side of the proposed premises) is very narrow and the extra traffic will no doubt lead to illegal and inconsiderate parking, we already have people driving down the pavements to get past badly parked vehicles and clearly this is unsafe for pedestrians – many of whom are elderly and live in the local sheltered accommodation.
- Furthermore the random parking could lead to the road being blocked (albeit temporarily) but this could stop access for Emergency vehicles – these vehicles are regularly called to the sheltered housing on Normans Place as well as other locations further along Normans Place, Lyme Grove and The Narrows.
- These premises will be open late at night and cause nuisance to the local residents.
- This will increase the number of people wandering down The Narrows drinking and leaving litter – this is already a problem and this will make it worse.
- This proposal is not in keeping with this area being designated a Conservation Area and hardly makes a fitting gateway to an important architectural area.

Overall I applaud the recent developments and improvements to Altrincham, however it is also important to maintain its architectural and historic legacy. As such this proposal is a step too far and I ask that Trafford Council reject this application.

Regards,

Peter A Akid
8, Lyme Grove, Altrincham, Cheshire, WA14 2AD

APPENDIX C

Representation B from local resident

From: **Jennifer Atherton** jennie.atherton@btinternet.com
Subject: Riddles Emporium, 35 Regent Road, Altrincham
Date: 30 November 2016 at 11:08
To: licensing@trafford.gov.uk
Cc: **Peter Atherton** patharton23@btinternet.com



Dear Sir/Madam,

We wish to object to the granting of a license for a proposed off license at the above premises i.e. Riddles Emporium, 35 Regent Road, Altrincham for the following reasons:

The Prevention of Public Nuisance, Crime and Disorder:

The extended hours sale of alcohol at this location will invite the consumption of alcohol in the local residential area, especially in The Narrows, making this quiet area an attractive spot for other anti-social behaviour such as pot smoking, underage drinking and underage smoking. This is a quiet, residential zone in which the current residents strive to maintain a Conservation Area.

Public Safety:

This is a very busy junction with restricted access on a narrow road (Normans Place) and a major pedestrian route for school children and others.. An off-license will necessitate large delivery vehicles on a regular basis where there is no adequate parking provision for suppliers or customers. This will cause a danger to local residents on foot, young people walking to/ from local schools and parents and young children accessing the nursery on Regent Road. There is already an existing problem with parents of both school and nursery children causing blockages on Normans Place.

Protection of Children From Harm:

It is undesirable to sell alcohol and related items (cigarettes etc) so near to local schools and nurseries.

Our contact details are as follows:

Mr and Mrs Peter Atherton
9 Lyme Grove
Altrincham, WA14 2AD
0161-9413638

Best wishes
Jennifer Atherton

This page is intentionally left blank