

AGENDA ITEM NO.

TRAFFORD COUNCIL

THE LICENSING SUB-COMMITTEE – 12TH SEPTEMBER 2016

REPORT OF THE HEAD OF REGULATORY SERVICES

REPORT REF. NO.

**APPLICATION FOR THE GRANT OF A NEW PREMISES LICENCE –
CAFÉ 4 U, 2 CLAREMONT ROAD, SALE, CHESHIRE, M33 7DZ**

PURPOSE

To advise Members of an application for the Grant of a new premises licence for Café 4 U, 2 Claremont Road, Sale, Cheshire, M33 7DZ.

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 (Cork).
Appendix C – Representation B from local resident (Chung).

1. Background

- 1.1 2 Claremont Road is a former café situated close to the main pedestrianised shopping street of School Road in Sale.

The Premises does not currently benefit from a premises licence.



2 Claremont Rd, Sale M33 7DZ

2. Application for the Grant of a Premises Licence

- 2.1 On 15th July, 2016 the Licensing Section received an application (**Appendix A**) from Michael Plant for the grant of a new premises licence.
- 2.2 The application requests the granting of a premises licence for the Supply of Alcohol, on and 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 Sunday : 11:00 – 22:00

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



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:

- Prevention of Public Nuisance
- Prevention of Crime and Disorder

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 (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)



**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 MICHEAL PLANT

(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 Café 4 u 2 Claremont rd			
Post town	SALE	Postcode	M33 7DZ

Telephone number at premises (if any)	
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 as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname PLANT			First names MICHEAL		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address		25 ELM GROVE			
Post town	SALE		Postcode	M33 7JZ	
Daytime contact telephone number					
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)



Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)
THE PREMISE IS A DETACHED BUILDING SITUATED IN A
RETAIL/RESIDENTIAL/COMMERCIAL AREA OF SALE TOWN CENTRE

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M



A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play 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 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)			<u>Will the exhibition of films 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 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			<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)
Thur			
Fri			
Sat			
Sun			

D

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"/>
Mon				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
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

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	.....		Please give further details here (please read guidance note 3)		
Tue	.....			
Wed	.....		State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	.....			
Fri	.....		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 (please read guidance note 5)		
Sat	.....			
Sun	.....			

F

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	.....		Please give further details here (please read guidance note 3)		
Tue	.....			
Wed	.....		State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	.....			
Fri	.....		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 (please read guidance note 5)		
Sat	.....			
Sun	.....			



G

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	<u>Please give further details here</u> (please read guidance note 3)					
Mon								
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

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)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	11.00	22.00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Tue	11.00	22.00			
Wed	11.00	22.00			
Thur	11.00	22.00	<u>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</u> (please read guidance note 5)		
Fri	11.00	22.00			
Sat	11.00	22.00			
Sun	11.00	22.00			



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

Name MICHEAL PLANT	
Address 25 ELM GROVE SALE	
Postcode	M33 7JZ
Personal licence number (if known) PA060824	
Issuing licensing authority (if known) TRAFFORD	

K

<p>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).</p>

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	08.00	22.30	
Tue	08.00	22.30	
Wed	08.00	22.30	
Thur	08.00	22.30	
Fri	08.00	22.30	
Sat	08.00	22.30	
Sun	08.00	22.30	
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)			



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

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

b) The prevention of crime and disorder

THE PERSONAL LICENCE HOLDER SHALL ENSURE THAT ANY STAFF INVOLVED IN THE SALE OF ALCOHOL ARE FULLY TRAINED ON THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003, INCLUDING INCORPORATING CHALLENGE 25 AND ANY CHANGES OF LEGISLATION. ALL STAFF WILL BE TRAINED. ALL WRITTEN TRAINING RECORDS WILL BE AVAILABLE ON SITE FOR INSPECTION AT ANY TIME WITH SIX MONTHLY REFRESHER COURSES. AN APPROVED INTRUDER ALARM WILL BE INSTALLED.

c) Public safety

THE HAS A BRITISH STANDARD FIRE ALARM SYSTEM INSTALLED

d) The prevention of public nuisance

NOTICES WILL BE DISPLAYED REQUESTING PATRONS TO LEAVE THE PREMISES QUIETLY.
THE DPS AND STAFF, WILL AT ALL TIMES BE VIGILANT, IN TERMS OF THE MONITORING AND PREVENTION OF LITTER WITHIN THE VICINITY OF THE OUTLET. THE AREA TO THE FRONT OF THE BUILDING WILL BE MONITORED FOR LITTER. STAFF WILL SWEEP THE AREA TO KEEP PAVEMENTS CLEAR OF LITTER.

e) The protection of children from harm

ALL STAFF WILL BE TRAINED IN CHALLENGE 25 AND SIGN TO SAY THEY UNDERSTAND THEIR ROLE. LEGAL NOTICES WILL BE DISPLAYED TO WARN MINORS ID CHECKS ARE USED AT ALL TIMES.
A RECORD OF ALL INCIDENTS WILL BE KEPT ON SITE FOR INSPECTION. STAFF WILL UNDER GO REFRESHER TRAINING AT 6 MONTHLY INTERVALS



Checklist:

Please tick to indicate agreement

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	<i>G Dixon</i>
Date	<i>8/7/2016</i>
Capacity	AGENT

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) GEOFF DIXON MLT 19 ELMWOOD			
Post town	SALE	Postcode	M33 5rn
Telephone number (if any)	07951 462312		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Geoffdixon@manchesterlicensetraining.co.uk			



Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Notes:

This drawings have been produced to the standards set out within the Licensing Act 2003.

No deviation may be made from the details shown on this drawing without prior written permission of UK Surveyors. Any discrepancy found between this drawing and any other document should be referred immediately to UK Surveyors.

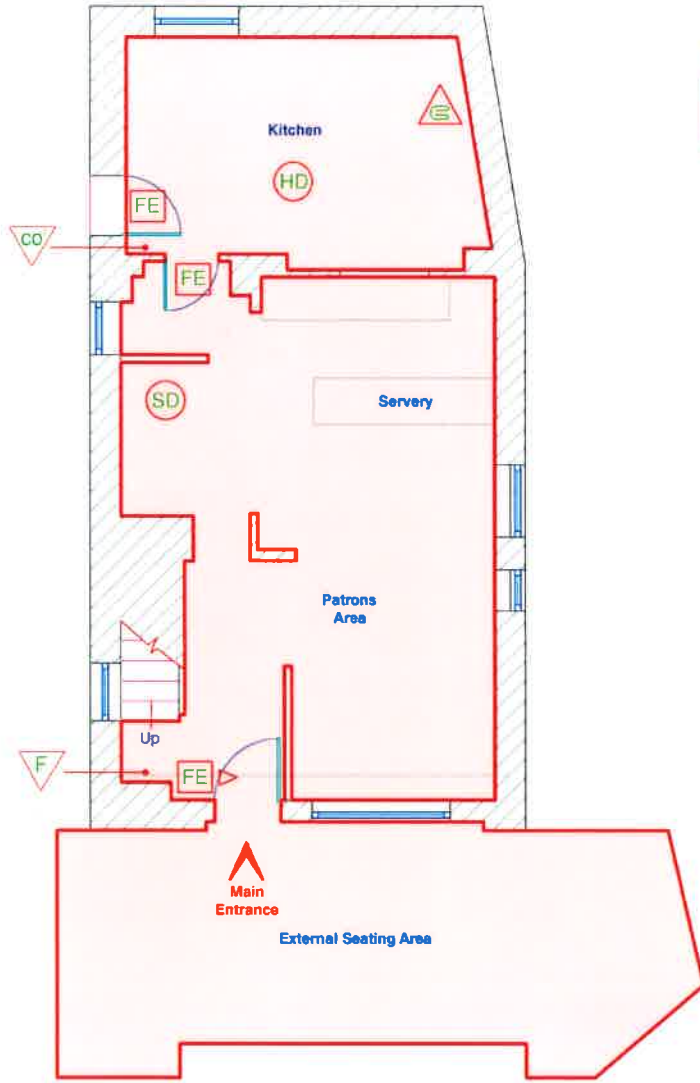
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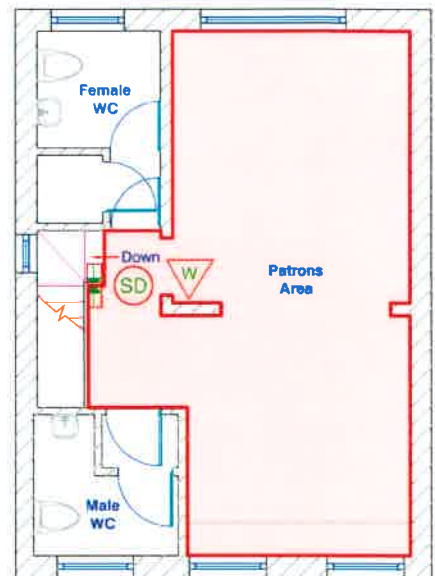
Drawing Symbols

- ◁ FE : Fire Exit Sign Directional
- FE : Fire Exit Sign
- EL : Emergency Lighting Linear Enclosed
- SD : Smoke Detector
- HD : Heat Detector
- F : Fire extinguisher - Foam
- CO : Fire extinguisher - CO2
- W : Fire extinguisher - Water
- EB : Fire Blanket
- : Licensed Area

Ground Floor Plan



First Floor Plan



Licensed Floor Area

Licensed Ground Floor Area: 76.8sm
Licensed First Floor Area: 25.8sm

Total Licensed Floor Area: 102.6sm

Drawing No:
003429

Drawing Title:
Premises Licensing Plan

Property: 2 Claremount Road, Sale M33 7DZ

Date:
30/06/2016

Sheet:
1 of 1

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Do not scale off this plan

Drawn By: BC & DJR

Scale: 1:100 @ A4

APPENDIX B

Representation A from local resident

Mr & Mrs Cork
6 Claremont Road, Sale M33 7DZ



9th August 2016

The Licensing Section
Trafford Town Hall
Talbot Road
Stretford
Manchester, M32 0TH

Dear Sir/Madam,

We have only just been made aware of the notice of application regarding the application for the sale of alcohol at the above premises and write to make representations regarding our objections as follows:

Firstly, we have a small child of primary school age who suffers from sensory and sleep issues and feel that the sale of alcohol and any additional noise coming from the Cafe ie., music, loud noise from groups of people outside etc., at such a short distance to our house will add to her distress at night time which will no doubt impact on her sleep and school life.

Secondly, this is a residential road along with several businesses and there are houses/flats very close to the Cafe and this will no doubt cause a disturbance to all residence, including ourselves.

Thirdly, we live next door but one to the premises and already tolerate a great deal of noise from passing drunks from the other public houses in the area and feel that this will be greatly increased due to the close proximity of Cafe 4 U.

Thirdly, rubbish is regularly thrown into our garden and we have to keep the gates closed to our driveway, particularly at weekends, as we have witnessed inebriated people urinating in our garden.

We hope that you will take our concerns into consideration.

Yours faithfully,

Mr & Mrs Cork

APPENDIX C

Representation B from local resident

Ms Yuk Ching Chung
8 Claremont Road, Sale M33 7DZ



10th August 2016

The Licensing Section
Trafford Town Hall
Talbot Road
Stretford
Manchester, M32 0TH

Dear Sir/Madam,

Re: Licensing Application LA0302/16 – Cafe 4 U, 2 Claremont Road, Sale

I write in respect of the application made to Trafford Licensing Section by the above mentioned and wish to object to the application for the following reasons:

I live two doors away from the Cafe and am concerned that the level of noise from customers and/or music will disturb the residence of Claremont Road and myself. I already experience drunken behaviour late at night, particularly at the weekends, from people walking past my property and have had to make sure our gates are closed at the weekends, as on previous occasions my garden property has been moved or vandalised. Litter is also thrown into our gardens in the form of takeaway packaging etc., and at times there have been broken beer bottles and glasses found on the pavement and feel this could be exacerbated if the application is successful.

If you require any further information or wish to discuss the matter further, please do not hesitate to contact me.

Yours faithfully,

Ms Yuk Ching Chung