

## Appendix 9

**Representations On A Current Application For A Grant/Variation/Review of a  
Premises Licence Or Club Premises Certificate Under The Licensing Act 2003**

**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 (Insert name)

Amelia Barker

Wish to make representation about the application for variation/grant/review for a premises licence/club premises certificate (delete as applicable)

**PART 1 – PREMISES OR CLUB PREMISES DETAILS**

Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description

Newcastle Road Mini Mart, 138 Newcastle Road, Sunderland, SR5 1NA

Post Town Sunderland

Post Code SR5 1NA

Name of premises licence holder or club holding club premises certificate (if known)

Sankar Navaranjan

Number of premises licence or club premise certificate (if known)

**PART 2 – DETAILS OF PERSON MAKING REPRESENTATION**

I am

Please  
Tick ✓

- |    |   |                                     |
|----|---|-------------------------------------|
| 1) | an interested party (please complete (A) or (B) below)                                | <input type="checkbox"/>            |
|    | a) a person living in the vicinity of the premises                                    | <input type="checkbox"/>            |
|    | b) a body representing persons living in the vicinity of the premises                 | <input type="checkbox"/>            |
|    | c) a person involved in business in the vicinity of the premises                      | <input type="checkbox"/>            |
|    | d) a body representing persons involved in business in the vicinity of the premises   | <input type="checkbox"/>            |
| 2) | a responsible authority (please complete (C) below)                                   | <input checked="" type="checkbox"/> |
| 3) | a member of the club to which this representation relates (please complete (A) below) | <input type="checkbox"/>            |

**(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Title (for example, Rev)

Surname

First Names

I am 18 years old or over

Yes

☐

(Please Tick)

Current Address

Post Town

Post Code

Daytime contact telephone number

E-mail address (optional)

**(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g. Body or Business)**

Name and Address

Telephone Number (If any)

E-Mail address (optional)

**(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION**

Name and Address

Amelia Barker

Environmental Health Officer

City Development Directorate

Regulatory Services & Public Protection

Environmental Health

Sunderland City Council

City Hall

Plater Way

Sunderland

SR1 3AA

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Telephone Number (If any)	[REDACTED]
E-Mail address (optional)	[REDACTED]

This representation relates to the following licensing objective(s)

Please  
Tick ✓

- |    |                                      |                                     |
|----|--------------------------------------|-------------------------------------|
| 1. | the prevention of crime and disorder | <input type="checkbox"/>            |
| 2. | public safety                        | <input type="checkbox"/>            |
| 3. | the prevention of public nuisance    | <input checked="" type="checkbox"/> |
| 4. | the protection of children from harm | <input type="checkbox"/>            |

Please state the ground(s) for representation. (please read guidance note 1)

I have concerns relating to the impact of public nuisance from the proposed hours of operation until 03:00am. The premises is located in a residential area away from the city centre, with existing residents on surrounding streets as well as in the flats above the premises itself and the commercial premises' surrounding it. Whilst the premises is located on a busy road, A1018, it is predominantly quiet at that time. I believe that the operation till 03:00am would lead to a rise in noise complaints. This could be due to an increase in noise generated from additional users coming to the premises and parking outside, producing noise from car doors slamming as well as any noise from shouting or talking at a raised level. I am also concerned that these operational hours would lead to people walking to the premises after drinking in the near by pub The Grange, which closes at latest 11:30pm on Fridays and Saturdays. This could lead to excess noise in the street from people under the influence of alcohol as well as any anti-social behaviour associated with this.

The other commercial premises located adjacent to this premises close at an average time of 11:00pm and do not sell alcohol. We have had no recent noise complaints from these premises, which would suggest that this is an adequate time to operate until before the noise from the road decreases enough for any noise nuisance to be produced. I believe this is more suitable as you have to also consider the accumulative impact of the commercial premises located here.

Please provide as much information as possible to support the representation. (Please read guidance note 2)

Please  
Tick ✓

Have you made any representation relating to these premises before?

☐


If Yes, please state the date of that representation

Day		Month		Year			

If you have made representation before relating to this premises please state what they were and when you made them.

**Part 3 – Signatures** (Please read guidance note 3)

Signature of representative or representatives solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature		Date	30/10/2023
Capacity	Environmental Health Officer		

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5).

Post Town	Post Code
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Telephone Number (if any)	
E-mail Address (optional)	

**Notes for Guidance**

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address, which we shall use to correspond with you about this representation.
6. Information on the Licensing Act 2003 is available at [www.sunderland.gov.uk](http://www.sunderland.gov.uk) and you are advised to read any relevant guidance leaflets before completing this form.