

Strategic Lead - Governance and Licensing
Attn Licensing Manager
East Devon District Council
Blackdown House
Border Road
Heathpark Industrial Estate
Honiton EX14 1EJ



SUMMARY OF KEY POINTS

These are the key points I rely on to support my *application, representation or objection* (*delete as applicable).

Application Number: **055718**




Application: **Premises Licence WITH Alcohol New Application**

By: **Budleigh Salterton Cricket Club Ltd**

Of: **NSG Financials Ltd, Old School House, Church Road, Colaton Raleigh, ,**

Re: **Budleigh Salterton Cricket Club, East Budleigh Road, BUDLEIGH SALTERTON, Devon, EX9 7BA,**

Key Points


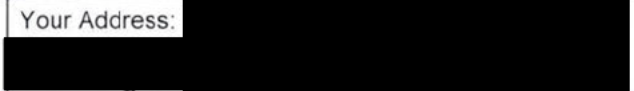

Which of the four licensing objectives does your <i>application, representation or objection</i> relate		Please enter a summary of your key points in the table below. Please use an additional page if necessary
Prevention of crime and disorder	<input type="checkbox"/>	
Public Safety	<input type="checkbox"/>	
Prevention of public nuisance	<input checked="" type="checkbox"/>	<p><u>Noise</u> - particularly after 10:30pm at night and outside. Amplified noise but Any noise over a certain level. Noise frequency, light pollution - Not yet experienced.</p>
Protection of children from harm	<input type="checkbox"/>	
Your signature:		Your address:
Your name and email	Ann Coals 	

have any difficulty in attending.

YOUR WRITTEN RESPONSE MUST ARRIVE AT THE COUNCIL OFFICES NO LATER THAN:

15/06/2023

LATE RESPONSES CAN ONLY BE CONSIDERED AT THE HEARING IF ALL THE OTHER PARTIES AGREE

		<i>(Tick as appropriate)</i>	Yes	No
I consider this hearing to be unnecessary			<input type="checkbox"/>	<input checked="" type="checkbox"/>
I intend to attend the hearing			<input type="checkbox"/>	<input checked="" type="checkbox"/>
I intend to be represented at the hearing by:				
Please see note below <i>(Please give details of the person's name and address in this box)</i>				
I am requesting permission for the below named person(s) to appear at the hearing, (e.g. as a witness)				
Name and address				
Please explain how this person will be able to assist the Licensing Sub-Committee:				
I enclose the following documents to support my original representations:				
<i>(Please list them)</i>				
		<i>(Tick as appropriate)</i>	Yes	No
I also enclose a summary of the key points on which I seek to rely in supporting my *application, *representation or *objection I have already made (<i>*Delete as applicable</i>). You are invited to use the attached form marked 'Summary of Key Points' for this task.			<input type="checkbox"/>	<input type="checkbox"/>
Your Signature:		Your Address:		
Name:	Ann Coals	Tel No & Email:		

Note: - Where there are a large number of similar representations local residents may wish to consider appointing a spokesperson on their behalf.

YOU MUST RETURN THIS NOTICE PROPERLY COMPLETED TO:

Governance and Licensing
 Attn. Licensing Manager
 East Devon District Council,
 Blackdown House, Border Road, Heathpark Industrial Estate, Honiton, EX14 1EJ

Tel: 01404 515616
 E-mail: licensing@eastdevon.gov.uk

Please notify the licensing authority if you have any special needs or requirements for the hearing or if you will