## **Representation Form for Responsible Authorities**

## **Responsible Authority**

## **Devon & Cornwall Constabulary**

Full Name	Karen Davenport		Job Title	Licensing Officer Devon And Cornwall Police
Postal and email address		Prevention Room G-0 HQ Middle Exeter EX2 7HQ	18 Qu	ad Building
Tel No.		07525 918	813	

Name of the premises you are Making a representation about.	Old Fire Station
Address of the premises you Are making a representation About.	10 Fore Street Topsham EX3 0HF

Which of the four Licensing Objectives does your representation Relate to?	Y/N	Please detail the evidence supporting your representation, or the reason for your representation. Please use separate sheets if necessary.
Prevention of Crime & Disorder	Y	Drugs Policy
Public Safety	N	
Prevention of Public Nuisance	Y	See attached agreed conditions regarding the outside terrace area
Protection of Children from Harm	N	

This form must be returned within the statutory Period. Please check with the Licensing Section on 01392 265434

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Suggested 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. Please use separate sheets where necessary

Conditions agreed with Oliver
Bainbridge in respect of the outside
terrace and written drugs policy. All
other conditions offered by applicant
but re written for the licence – No
objections from the Police

N.B If you do make a representation you will be expected to attend the Licensing Sub Committee meeting and any subsequent appeal proceeding.

Signed..

(On behalf of the Chief Officer of Police)

Dated:

Return this form along with any additional sheets/supporting information to: Licensing Section, Exeter City Council, Civic Centre, Paris Street, Exeter, Devon, EX1 1RQ. Or email to <a href="mailto:licensing@exeter.gov.uk">licensing@exeter.gov.uk</a>