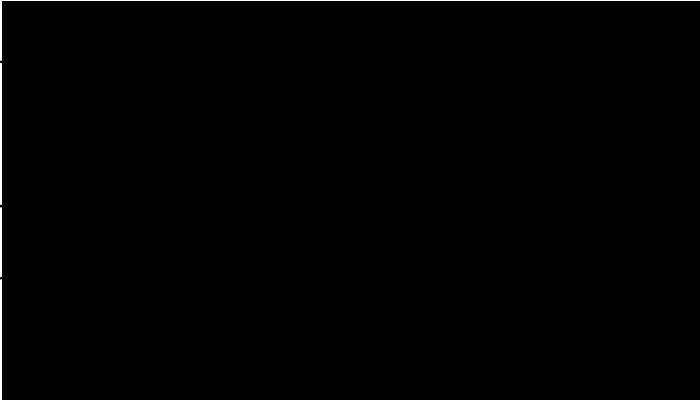




Licensing Act 2003  
REPRESENTATION FORM

The boxes marked \* are mandatory. Representations missing this information will be automatically refused

Other Persons

*Name/ Name of business/organisation you represent	Mrs. Silke PIM
*Postal address	
Telephone number	
Email address This is the most reliable way for us to communicate with you, please provide an email address if you have one	

*Name & address of premises for which the representation is being made
--

\*Your representation must relate to one or more of the following four licensing objectives. Please detail the evidence supporting your representation or the reason for your representation. Please use separate sheets if necessary.

<p><b>THE PREVENTION OF CRIME AND DISORDER</b></p> <p>When I bought my Appartement A 9 it was assured that it was a quiet and safe aerie to live. The gates and cloths are locked no antisocial behavior in and around the Parade</p>
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<p><b>PUBLIC SAFETY</b></p> <p>I am concerned many young people drinking to access in the aerie street life which has been always a quiet Residential aerie, increased traffic by taxis and other cars, vandalism, antisocial behavior, Vermius (rats), Fire, no parking, Nois level, pollution. I have Asthma</p>
--

THE PREVENTION OF PUBLIC NUISANCE

The balcony is a key feature of my apartment and directly below (only a few meters). I don't want each night many people drinking noisily then after 10.30pm I am naturally trying to sleep

THE PROTECTION OF CHILDREN FROM HARM

How is the protection for children, who visiting the dance school?

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.

Condition for me  
It should remain peaceful and be only a safe Residential area as it has always been I don't need this unexpected stress for the last years of my life (82) I do enjoy calmness + R.F.M.

- Generally, if there is to be a hearing to determine the premises licence application, the Licensing Sub Committee will only be able to consider matters that have been previously disclosed. No new evidence can be introduced at the hearing. It is therefore imperative that you detail all matters that you wish to be considered on this initial representation. Please attach additional sheet if necessary.
- If you make a representation, you will be expected to attend the Licensing Sub Committee hearing and any subsequent appeal process. **All representations in their entirety, including your name, address and contact details will be disclosed to the applicant for the premises licence and their agent.**
- If limited or withheld personal details are redacted from representations, where notice of a hearing is given to an applicant, the licensing authority is required under the Licensing Act 2003 (Hearings) Regulations 2005 to provide the applicant with copies of the relevant representations that have been made.

**I/We fully understand that this representation will be made available to the applicant and included in the Sub Committee's Hearing papers which are publicly accessible documents, and any subsequent appeal court proceedings.**

[Redacted Signature Box]

15<sup>th</sup> June 2024

Signed:

Date:

If this form is sent as an email attachment, its transmission will confirm that you have agreed the above conditions

**Please return this form along with any additional sheets to:**

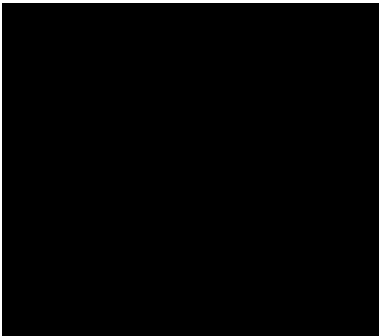
[licensing@shropshire.gov.uk](mailto:licensing@shropshire.gov.uk) or by post to: Licensing Team, Business & Consumer Protection Service, Shropshire Council, Shirehall, Abbey Foregate,  
Shrewsbury, SY2 6ND

**This form must be returned within the statutory consultation period, which is displayed on the premises site notice, the newspaper advert, and on the Council's website.**

For confirmation on this date please contact the Licensing Team on 0345 678 9026



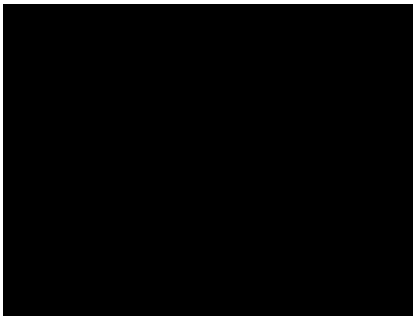
CLAREMONT BANK SURGERY  
Claremont Bank  
Shrewsbury  
Shropshire  
SY1 1RL



Date: 18-Jun-2024  
Ref:OO/AD

To Whom It May Concern

Re:



Dear Sir/Madam,

I am writing in support of Mrs Silke Pim, [REDACTED], who is registered Claremont Bank Practice. She currently lives [REDACTED] and has asked for support in submitting an objection to Bobby's Restaurant and Bar opening in the rear car park. Mrs Pim bought her apartment in the belief that it was a quiet and safe area. She is extremely sensitive to noise, and she is very concerned that the wine bar is going to cause significant distress to her mental health. She is also concerned about an increase in antisocial behaviour and the added stress that this will cause. She wants a peaceful home to live out the last years of her life therefore I would be grateful if you could consider this letter along with her written objection.

Yours sincerely,



Dr O Owen  
On behalf of CLAREMONT BANK SURGERY  
Claremont Bank  
Shrewsbury  
Shropshire  
SY1 1RL

