

APPENDIX F

Responsible Authority Representation Form

Thames Valley Police, Royal Berkshire Fire and Rescue Service, Health and Safety Executive, Local Safeguarding Children Board, Slough Borough Council [SBC] Commercial Services (Health and Safety and Trading Standards), Planning and Development Control Services [SBC], Public Health Services [SBC].

APPLICATION DETAILS

Name of Premises	Akaya Lounge
Address of Premises & Tel: No.	307-309, High Street, Slough, Berkshire, SL1 1BD
Applicant Details (Name, address, Tel: No.) if different from above	Mohammed Ali, Akaya Lounge
Company Name (if different from Applicant)	
Application type (state fully)	Application to vary a premises licence under the Licensing Act 2003
Date Application received	10-Aug-2020

REPRESENTATION SUBMISSION

Please tick

There are no representations to the granting of this licence	<input type="checkbox"/>
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If you are making representations to the application identify which of the four licensing objectives your representation relates to:

Please detail your representation and the reason together with your supporting evidence, as appropriate. *(If replying by hard copy, please attach separate sheet(s) if necessary).*

	Please tick	
Prevention of Crime and Disorder	<input type="checkbox"/>	
Public Safety	<input type="checkbox"/>	
Prevention of Public Nuisance	<input type="checkbox"/>	1. The use hereby permitted shall not be open to members of the public / customers outside the hours of 11:00 hours to 23:00 hours on Mondays to Sundays.
Protection of Children from Harm	<input type="checkbox"/>	

Please provide advice to the Licensing Sub-Committee on how you believe they should consider the representation.

If appropriate, recommend 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.

If replying by hard copy, please attach separate sheet(s), if necessary.

Please refer to the Responsible Authority Guidance Note.

Name of Officer completing Representation	
Job Title	
Name of Responsible Authority	Slough Borough Council
E-mail address:	planning1@slough.gov.uk
Tel: No.	01753 875810

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

Signed: Planning Manager

Dated: 14 September 2020

Please return this form along with any additional sheets, if replying by hard copy to:

The Licensing Team
Public Protection Services
Landmark Place
High Street
Slough
SL1 1JL **Or** E-mail to Licensing@Slough.gov.uk