

Big plans for keeping our communities safe

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Trading Standards & Licensing, PO Box 232, 16 Church Road, Stockton on Tees, TS18 1XD Tel: 01642 526558

Representation On A Current Application For A Grant/Variation Of A Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

It is essential that you provide your full residential address (or business address if you are objecting from a business). Without this information your representation may not be accepted.

Please note that a full copy of your representation (including your personal details) will be sent to the applicant and will be a public document at any hearing of this matter. Summaries of the comments received will also be displayed on our website. You may wish to keep a copy of the completed form for your records.

Section 1 – Licence Application Details

Premises Name and Address ASTRANAQT PUB.	BILLINGHAM TOWN CENTRE
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Please indicate as appropriate:

- I wish to object to the application
- I wish to support the application

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3

Title	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Other: (please state)
Surname	WILSON
First Name(s)	BARBARA
Address (including Postcode)	51 DAWSON HOUSE BILLINGHAM TS23 2PA
E-mail Address	
Telephone Number	[REDACTED]

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:

Name of Representative or Organisation	
Address (including Postcode)	

Please indicate capacity:

- Representative of Residents Association
- Ward Councillor
- Parish Council
- MP
- Trade Association
- Other (please specify)

Please supply details of those you represent e.g. residents of The Avenue, TS21 8BP
(please continue on a separate sheet if necessary)

Section 4 – Representation Grounds

The representation is relevant to one or more of the following licensing objectives:

Please tick relevant box(es)

- Prevention of Crime and Disorder
- Prevention of Public Nuisance
- Protection of Children from Harm
- Public Safety

Please Select:

- I object to the application being granted at all
- I object to the application being granted in its current form*

*If you choose this option remember to tell us what changes you would prefer to see.

You need to complete the box below as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation. Please continue on a separate sheet if necessary.

The grounds of the representation is based on the following:

(Try to be as specific as possible and give examples of any evidence you may have e.g. on 1 June I could hear loud music from the premises between 10pm and 1.am. I am concerned that if the premises open until after 2am this will cause a nuisance to me and other residents of the street)

I object to the application of the extending the licencing hours of the pub for the following reasons:

* I have had to report the noise coming from the pub to the environmental health on many occasions.

* The pub is opposite a residential block of flats. A lot of the residents are venerable and elderly and should not have to put up with the noise, foul language, fighting and totally inappropriate behaviour.

- * The level of noise means that windows can not be open and can still hear everything when windows closed.
- * Weekend nights (Friday, Saturday, Sunday) are the worst. I am a 76 year old lady who is unable to settle down for sleep until after midnight. This has resulted to my health been affected.
- * People, shout, swear, fight, some acts of a sexual nature happen for residents to see and hear - which is disgusting.
- * I strongly object to this application.
- * The Police are there quite Regular.

Signed: B Wilson

Dated: 16.9.17.

When complete this form should be returned to:

Stockton on Tees Borough Council
 Trading Standards & Licensing
 PO Box 232
 16 Church Road
 Stockton on Tees
 TS18 1XD

Email: licensing.administration@stockton.gov.uk

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Representation On A Current Application For A Grant/Variation Of A Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

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Section 1 – Licence Application Details

Premises Name and Address	The Astronaut West Precinct Billingham TS23 2NH
Please indicate as appropriate:	
<input checked="" type="checkbox"/>	I wish to object to the application
<input type="checkbox"/>	I wish to support the application

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3	
Title	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Other: (please state)
Surname	Wanley
First Name(s)	Thomas
Address (including Postcode)	74, Dawson House Queensway Billingham TS232PA
E-mail Address	[REDACTED]
Telephone Number	[REDACTED]

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:	
Name of Representative or Organisation	
Address (including Postcode)	

Please indicate capacity:

- Representative of Residents Association
- Ward Councillor
- Parish Council
- MP
- Trade Association
- Other (please specify)

Please supply details of those you represent e.g. residents of The Avenue, TS21 8BP
(please continue on a separate sheet if necessary)

Section 4 – Representation Grounds

The representation is relevant to one or more of the following licensing objectives:

Please tick relevant box(es)

- Prevention of Crime and Disorder
- Prevention of Public Nuisance
- Protection of Children from Harm
- Public Safety

Please Select:

- I object to the application being granted at all
- I object to the application being granted in its current form*

*If you choose this option remember to tell us what changes you would prefer to see.

You need to complete the box below as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation. Please continue on a separate sheet if necessary.

The grounds of the representation is based on the following:

(Try to be as specific as possible and give examples of any evidence you may have e.g. on 1 June I could hear loud music from the premises between 10pm and 1.am. I am concerned that if the premises open until after 2am this will cause a nuisance to me and other residents of the street)

Every Friday and Saturday night there is a lot of noise music and people outside the premises shouting especially when the premises are closing slamming of car doors and people congregating waiting for taxis talking very loudly and using foul language leaving empty bottles, cigarette ends and glasses outside the premises there has been on a numerous occasions broken bottles found in the car park of Dawson House which can only have come from the astronaut premises also people have been seen urinating in the underground car park of Dawson House the residents who live the nearest to the premises are sick of all the abuse where the police have to be called to stop fights and people arguing outside the premises. all the residents are concerned that if the closing time was to be extended then matters will only get worse for the residents of Dawson House.

Signed:	Dated:

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Section 1 – Licence Application Details

Premises Name and Address	WEST PREMISES BILKINGHAM The ASTRONAUT TS23 2NH
Please indicate as appropriate:	
<input checked="" type="checkbox"/>	wish to object to the application
<input type="checkbox"/>	wish to support the application

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3	
Title	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Other: (please state)
Surname	JOHNSON.
First Name(s)	LORRAINE.
Address (including Postcode)	116 DAWSON HOUSE. BILKINGHAM TS23 2PA
E-mail Address	[REDACTED]
Telephone Number	[REDACTED]

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:	
Name of Representative or Organisation	

Please indicate capacity:

- Representative of Residents Association
- Ward Councillor
- Parish Council
- MP
- Trade Association
- Other (please specify)

Please supply details of those you represent e.g. residents of The Avenue, TS21 8BP
(please continue on a separate sheet if necessary)

Section 4 – Representation Grounds

The representation is relevant to one or more of the following licensing objectives:

Please tick relevant box(es)

- Prevention of Crime and Disorder
- Prevention of Public Nuisance
- Protection of Children from Harm
- Public Safety

Please Select:

- object to the application being granted at all
- object to the application being granted in its current form*

*If you choose this option remember to tell us what changes you would prefer to see.

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The grounds of the representation is based on the following:

(Try to be as specific as possible and give examples of any evidence you may have e.g. on 1 June I could hear loud music from the premises between 10pm and 1.am. I am concerned that if the premises open until after 2am this will cause a nuisance to me and other residents of the street)

every Sunday they have a NARICO. WITH VERY LOUD MUSIC + SINGING FROM 7 PM UNTILL 11 PM. WHEN THE CUSTOMERS LEAVE.

ALMOST EVERY NIGHT THE CUSTOMERS ARE OUT SIDE IN THE SMOKING AREA TALKING + SHOUTING + DRINKING.

IT IS VERY COMON. FOR THEM TO BE SHOUTING MATCHES AND ANARSSION. UERGING ON VIOLENCE.

THE EXTRA OPENING HOURS WILL. MAKE THE CONOITION AND NOISE LATER AT NIGHT.

PEOPLE ARE MOVING OUT OF THE FLATS BECAUSE
OF THE NOISE AND AGRESHION.

THERE ARE A LOT OF ELDERLY PEOPLE IN THESE
FLATS AND ONCE WOKEN UP IT IS DIFFICULT TO
GET BACK TO SLEEP.

Signed:

Jim Johnson

Dated:

18-9-17.

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Section 1 – Licence Application Details

Premises Name and Address Astronaut TOWN CENTER BILLINGHAM	EXTENDED OPENING HOURS
Please indicate as appropriate: <input checked="" type="checkbox"/> I wish to object to the application <input type="checkbox"/> I wish to support the application	

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3

Title	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Other: (please state)
Surname	COLEMAN
First Name(s)	BARBARA
Address (including Postcode)	FLAT 2 DAWSON HOUSE BILLINGHAM TS23 2PA
E-mail Address	—
Telephone Number	—

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:

Name of Representative or Organisation	
Address (including Postcode)	

Please indicate capacity:

- Representative of Residents Association
- Ward Councillor
- Parish Council
- MP
- Trade Association
- Other (please specify)

Please supply details of those you represent e.g. residents of The Avenue, TS21 8BP
(please continue on a separate sheet if necessary)

Section 4 – Representation Grounds

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Please tick relevant box(es)

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The grounds of the representation is based on the following:

(Try to be as specific as possible and give examples of any evidence you may have e.g. on 1 June I could hear loud music from the premises between 10pm and 1.am. I am concerned that if the premises open until after 2am this will cause a nuisance to me and other residents of the street)

MY FLAT DIRECTLY FACES THE ASTRONAUT. AND I CAN HEAR LOUD MUSIC AND DRUNKEN BEHAVIOUR EVERY NIGHT OF THE WEEK AND ESPECIALLY AT WEEKENDS. I AM UNABLE TO OPEN ANY WINDOWS AND AS MY BEDROOM ALSO FACES THE PUB, I HAVE MY SLEEP DISTURBED BY THE NOISE. EXTENDING THE OPENING HOURS WILL ONLY MAKE THINGS WORSE. AT THE AGE OF 84 I WOULD LIKE TO THINK I AM ENTITLED TO SOME PEACE AND QUIET.

[Large empty rectangular box for content]

Signed: <i>B. Coleman</i>	Dated: 23.9.17
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Section 1 – Licence Application Details

Premises Name and Address	THE ASTRONAUT WEST PRECINCT BILLINGHAM TS23 2NH
Please indicate as appropriate:	
<input checked="" type="checkbox"/>	I wish to object to the application
<input type="checkbox"/>	I wish to support the application

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3	
Title	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Other: (please state)
Surname	WATTS
First Name(s)	ERIC
Address (including Postcode)	83 DAWSON HOUSE BILLINGHAM TS23 2PA
E-mail Address	
Telephone Number	

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:	
Name of Representative or Organisation	
Address (including Postcode)	

Please indicate capacity:

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- Ward Councillor
- Parish Council
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About 3 weeks ago on a Wednesday night roughly 11pm I was getting ready to go to bed when I heard a lot of shouting & swearing from men & women all outside the Astronaut and at the back of the flat (Dawson House) The Taxis that were waiting for people even drove away because of people getting in and out of them while arguing outside and fighting 2 police vans and 4 police cars turned up to try and control what was happening it went on till after midnight

Continued on next sheet

A month before that the same thing happened again 5 or 6 police cars where there again for the same kind of situation. They come outside to smoke all they do is shout and use the outside as a giant toilet this is Afternoon as well as night.

From the public carpark at the back of the Astronaut to the cut through to the back of the shops is like walking through a Toilet and the carpark under Dawson House god help anyone walking through with children its absolutely disgusting. If theres a function on you can hear the music so if you extend hes drinking hours you are going to make it even worse for the residents in the area.

Signed: *E Watts*

Dated: 21-9-17.

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Section 1 – Licence Application Details

Premises Name and Address	THE ASTRONAUT	WEST PRECINCT BILLINGHAM TS23 2AH
Please indicate as appropriate:		
<input checked="" type="checkbox"/>	I wish to object to the application	
<input type="checkbox"/>	I wish to support the application	

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3		
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Ward Councillor <input type="checkbox"/>
	Other: (please state) MS	
Surname	KELLY	
First Name(s)	SUSAN	
Address (including Postcode)	121 PAWSON HOUSE Queen Way BILLINGHAM TS23 2PA	
E-mail Address	[REDACTED]	
Telephone Number	[REDACTED]	

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:	
Name of Representative or Organisation	
Address (including Postcode)	

Please indicate capacity:

- Representative of Residents Association
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I DO NOT AGREE THAT THE ASTRONAUT SHOULD BE OPEN LONGER HOURS AS IT IS ALREADY NOISEY ENOUGH WITH SHOUTING, SWARING, TAXIS BEEPING ETC ALL HOURS. I ALSO BELIEVE THAT THE LA10 FORM SHOULD HAVE BEEN SENT OUT TO EVERYONE INVOLVED WITH THE ORIGINAL LETTER AS NOT EVERYONE WILL HAVE INTERNET ALSO SOME OF THE ELDERS CANT SIGN MAKE IT TO THE COUNCIL TO COLLECT ONE SO IN MY OPINION NOT EVERYONE WILL HAVE HAD THEM SAY.

Signed:

S Kelly

Dated:

19-9-17

When complete this form should be returned to:

Stockton on Tees Borough Council
Licensing Service
Municipal Buildings
Church Road
Stockton on Tees
TS18 1LD

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