

REPRESENTATION FORM

See NOTES overleaf. Boxes marked * are mandatory, any forms with these incomplete will be automatically refused

*Your full name	JOHN & KATHLEEN THORNDYCROFT.
*Postal address	[REDACTED] BARTON LANE, BERRYNARBOR, DEVON EX34 9SU
*Email address	[REDACTED]
Contact telephone number	[REDACTED]
*Name of the premises you are making a representation about	SANDYCOVE HOTEL
*Address of the premises you are making a representation about	BERRYNARBOR EX34 9SR APPLICATION REF: 057749.
*Which of the four licensing objectives does your representation relate to?	Please detail the evidence supporting your representation. Or the reason for your representation, use separate sheets if necessary
To prevent crime and disorder	
Public safety	
✓ To prevent public nuisance	THIS APPLICATION 05 7749 will increase by an appreciable amount the amount of noise, lighting and disturbance. Previously these activities were carried out in an internal sound proof room to minimise disturbance to neighbours. Offsales of alcohol
To protect children from harm	will exacerbate the problem. Additionally the nearby wooded cliffs are home to many species of birds and other wildlife, including protected bats. These will be greatly affected by the outdoor lights and music.
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 publically accessible documents, and any subsequent appeal court proceedings. See NOTES for further information.	
Signed*:	J. Thorndycroft
Date*: 1/3/2024	1/3/2024
This form must be returned within the Statutory Period, which ends on:	