

**LICENSING ACT 2003 -REPRESENTATION FORM (INTERESTED PARTY)**

On completion this form and any additional sheets or other accompanying documentation should be returned to; The Licensing Team, Public Protection Division, Cheltenham Borough Council, PO Box 12, Municipal Offices, Promenade, Cheltenham, Glos. GL50 1PP, e mail: [licensing@cheltenham.gov.uk](mailto:licensing@cheltenham.gov.uk)

Please indicate in which capacity you are making this representation by ticking a box below;

- A person living in the vicinity of the premises
- A body representing a person in the vicinity of the premises
- A person involved in a business in the vicinity of the premises
- A body representing a business in the vicinity of the premises

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Contact details (of person completing form)**

Name:	CLIVE HIXSON
Name of the organisation/body/person you represent. (If appropriate)	
Your full Postal Address or that of the organisation or body you represent	FLAT 24 SOMERSET HOUSE KNAPP ROAD CHELTENHAM
Post Code	GL50 3QQ
Daytime contact telephone number	
Email address - If you would prefer to correspond via email, please enter your email address. (optional). [REDACTED]	

**Details of person/body making representation (if different from above)**

Name of the person/organisation/body, (as appropriate)	
Full Postal Address of the person/organisation or body making representation	
Post Code	
Daytime contact telephone number	
Email address - If they would prefer to correspond via email, please enter their email address. (optional).	

**Premises/Club Details**

Name of premises/club you are making representation about:	BOTTLE OF SAUCE LTD.
Name of Applicant for Licence (if known):	ARKELLS BREWERY
Postal Address:	AMBROSE TERRACE CHELTENHAM
Post Code:	GL50 3LH

**What are you making a representation about?**

Please indicate which part of the licence/certificate application you are making a representation about.  
(eg crime, disorder, noise, disturbance etc)

PREVENTION OF PUBLIC NUISANCE.  
(NOISE AND DISTURBANCE)

**Which of the Licensing Objectives does your representation refer to?**

(Note: Your representation must relate to one or more of the four Licensing objectives. Please indicate the objective(s) your representation relates to.)

Licensing Objective	Please tick ✓ for Yes	Licensing Objective	Please tick ✓ for Yes
The prevention of crime and disorder		Public safety	
The prevention of Public nuisance	✓	The protection of children from harm	

Information on the Licensing Act 2003 and the Act's objectives is available from the Department of Media, Culture and Sport and on their website at [www.culture.gov.uk](http://www.culture.gov.uk).

Please indicate the distance (in metres) between your address and the premises subject of your representation:

APPROX: 75 M.

Part 2 continued

### What are your concerns?

Please provide full details of your concerns regarding the application and include or enclose with the form any evidence you may have in support of it.  
(Please continue on a separate sheet if necessary)

RAISED NOISE LEVELS DURING UNSOCIABLE HOURS FROM MUSIC EMITTING FROM THE PREMISES (BOTTLE OF SAUCE) AND CUSTOMERS LEAVING THE PREMISES LATE AT NIGHT WALKING ALONG KNAPP RD, TO GET TO THEIR PARKED VEHICLES CAUSING A DISTURBANCE TO RESIDENTS WHICH IS UNACCEPTABLE AND HAS AN EFFECT ON OUR QUALITY OF LIFE !!

Please use the box below to suggest any suitable conditions that if agreed in advance of a hearing by the applicant would allow you to withdraw your representation or that the committee could add to the licence (if granted) that would remedy your concern. You may also use this box to enter details of any other matters not commented on elsewhere relating to your representation that you would like the committee to take into account.

(Please continue on a separate sheet if necessary)

A REDUCTION OF THE OPENING HOURS AND A REDUCTION IN THE NOISE LEVEL OF MUSIC EMITTING FROM THE PREMISES,

Signature: 

Capacity: RETIRED

Date: 15/2/17

**LICENSING ACT 2003 -REPRESENTATION FORM (INTERESTED PARTY)**

On completion this form and any additional sheets or other accompanying documentation should be returned to; The Licensing Team, Public Protection Division, Cheltenham Borough Council, PO Box 12, Municipal Offices, Promenade, Cheltenham, Glos. GL50 1PP.  
e mail: [licensing@cheltenham.gov.uk](mailto:licensing@cheltenham.gov.uk)

Please indicate in which capacity you are making this representation by ticking a box below;

- A person living in the vicinity of the premises
- A body representing a person in the vicinity of the premises
- A person involved in a business in the vicinity of the premises
- A body representing a business in the vicinity of the premises

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Contact details (of person completing form)**

Name:	DEBRA HIXSON
Name of the organisation/body/person you represent. (if appropriate)	
Your full Postal Address or that of the organisation or body you represent	FLAT 24 SOMERSET HOUSE KNAPP RD CHELTEMHAM
Post Code	GL50 3QQ
Daytime contact telephone number	
Email address - If you would prefer to correspond via email, please enter your email address. (optional).	[REDACTED]

**Details of person/body making representation (if different from above)**

Name of the person/organisation/body, (as appropriate)	
Full Postal Address of the person/organisation or body making representation	
Post Code	
Daytime contact telephone number	
Email address - If they would prefer to correspond via email, please enter their email address. (optional).	

**Premises/Club Details**

Name of premises/club you are making representation about:	BOTTLE OF SAUCE LTD
Name of Applicant for Licence (if known):	ARKELLS BREWERY
Postal Address:	AMBROSE TERRACE CHELTENHAM.
Post Code:	GL50 3LH

**What are you making a representation about?**

Please indicate which part of the licence/certificate application you are making a representation about  
(eg crime, disorder, noise, disturbance etc)

PREVENTION OF PUBLIC NUISANCE  
(NOISE & DISTURBANCE)

**Which of the Licensing Objectives does your representation refer to?**

(Note: Your representation must relate to one or more of the four Licensing objectives. Please indicate the objective(s) your representation relates to.)

Licensing Objective	Please tick ✓ for Yes	Licensing Objective	Please tick ✓ for Yes
The prevention of crime and disorder		Public safety	
The prevention of Public nuisance	✓	The protection of children from harm	

Information on the Licensing Act 2003 and the Act's objectives is available from the Department of Media, Culture and Sport and on their website at [www.culture.gov.uk](http://www.culture.gov.uk).

Please indicate the distance (in metres) between your address and the premises subject of your representation:	APPROX 75 METRES
--	------------------


**What are your concerns?**

Please provide full details of your concerns regarding the application and include or enclose with the form any evidence you may have in support of it.  
(Please continue on a separate sheet if necessary)

EXCESSIVE NOISE LEVELS DURING UNSOCIABLE HOURS FROM THE MUSIC COMING FROM THE PREMISES (BOTTLE OF SAUCE) AND CUSTOMERS LEAVING THE PREMISES LATE AT NIGHT WALKING ALONG KNAPP ROAD, TO GET TO THEIR PARKED CARS CAUSING A DISTURBANCE TO RESIDENTS WHICH IS UNACCEPTABLE AND HAS AN EFFECT ON OUR QUALITY OF LIFE!!!

Please use the box below to suggest any suitable conditions that if agreed in advance of a hearing by the applicant would allow you to withdraw your representation or that the committee could add to the licence (if granted) that would remedy your concern. You may also use this box to enter details of any other matters not commented on elsewhere relating to your representation that you would like the committee to take into account.  
(Please continue on a separate sheet if necessary)

A REDUCTION OF OPENING HOURS AND  
A REDUCTION IN THE NOISE LEVEL OF  
MUSIC COMING FROM THE PREMISES.

Signature: 

Capacity: RETIRED

Date: 15/2/2017

17/00181 / PRMV



Part 2

LICENSING ACT 2003 -REPRESENTATION FORM (INTERESTED PARTY)

On completion this form and any additional sheets or other accompanying documentation should be returned to; The Licensing Team, Public Protection Division, Cheltenham Borough Council, PO Box 12, Municipal Offices, Promenade, Cheltenham, Glos. GL50 1PP. e mail: licensing@cheltenham.gov.uk

Please Indicate in which capacity you are making this representation by ticking a box below;

- A person living in the vicinity of the premises
- A body representing a person in the vicinity of the premises
- A person involved in a business in the vicinity of the premises
- A body representing a business in the vicinity of the premises

Contact details (of person completing form)

Name:	SUE DODSON (Ms)
Name of the organisation/body/person you represent. (If appropriate)	
Your full Postal Address or that of the organisation or body you represent	18, SOMERSET HOUSE. KNAPP ROAD, CHELTENHAM
Post Code	GL50 3QQ
Daytime contact telephone number	
Email address - If you would prefer to correspond via email, please enter their email address. (optional).	

Details of person/body

Name of the person/organisation/body, (if appropriate)	
Full Postal Address of the person/organisation or body making representation	
Post Code	
Daytime contact telephone number	
Email address - If they would prefer to correspond via email, please enter their email address. (optional).	

Part 2 Continued

**Premises/Club Details**

Name of premises/club you are making representation about:	'BOTTLE OF SAUCE' LTD
Name of Applicant for Licence (if known)	ARKELLS BREWERY
Postal Address:	AMBROSE TERRACE CHELTENHAM.
Post Code:	GL50 3LH

**What are you making a representation about?**

Please indicate which part of the licence/certificate application you are making a representation about (eg crime, disorder, noise, disturbance etc)
NOISE (Live/Amplified/Recorded music) EXTENSION OF CLOSING TIMES (on additional days) DISPERSAL / ANTI-SOCIAL ACTIVITY OUTSIDE THE PREMISES.

**Which of the Licensing Objectives does your representation refer to?**

(Note: Your representation must relate to one or more of the four Licensing objectives. Please indicate the objective(s) your representation relates to.)

Licensing Objective	Please tick ✓ for Yes	Licensing Objective	Please tick ✓ for Yes
The prevention of crime and disorder		Public safety	
The prevention of Public nuisance	✓	The protection of children from harm	

Information on the Licensing Act 2003 and the Act's objectives is available from the Department of Media, Culture and Sport and on their website at [www.culture.gov.uk](http://www.culture.gov.uk).

Please indicate the distance (in metres) between your address and the premises subject of your representation:	~ 50 metres
--	-------------



Part 2 continued

**What are your concerns?**

Please provide full details of your concerns regarding the application and include or enclose with the form any evidence you may have in support of it.  
(Please continue on a separate sheet if necessary)

(On attached sheet)

Please use the box below to suggest any suitable conditions that if agreed in advance of a hearing by the applicant would allow you to withdraw your representation or that the committee could add to the licence (if granted) that would remedy your concern. You may also use this box to enter details of any other matters not commented on elsewhere relating to your representation that you would like the committee to take into account.

(Please continue on a separate sheet if necessary)

- Applicant limits the number of days each week (e.g. seeks extended hours + limits live music events to four nights per week, not seven).
- Applicant installs sound/vibration insulation
- Applicant undertakes to closely monitor/reduce sound levels.

Signature:

Capacity:

Date:

27th February 2017

**Part 2 (continued) :- What are your concerns?**

I experienced no problems between the premises opening in December 2016 and mid-January 2017 and have no reason to complain about the Licensed Premises' current Sunday to Thursday operations which appear to be carried out in a responsible manner.

However, between mid-January and mid-February I was particularly aware of two issues connected with The Bottle of Sauce's late night operations:-

a) High levels of repetitive thumping 'bass' noise from live/amplified or recorded music occurring around midnight to 1.00am on Friday and Saturday nights. This is clearly audible in my (double-glazed) bedroom with the window closed. Should the same levels of noise occur in warmer weather when windows are open, this would be barely tolerable.

I am concerned that during renovation of the Licensed Premises it appears the ceiling was opened to rafter-height and the majority of soft furnishings removed. It does not seem any sound-insulation/vibration-limiting materials have been installed in this old building.

b) While unable to attribute directly to 'The Bottle of Sauce' but particularly noticed since early/mid January, there has been a significant increase in the number of pools of vomit in a direct line west between 'The Bottle of Sauce' and my home in Knapp Road, and to the east between the Licensed Premises and the nearby Manchester Court Care Home in Clarence Street. Coincidentally these incidents increase on the two nights when live music events currently occur at the venue.

It would seem the existing permission to operate live music during extended hours on Friday and Saturday nights is already causing problems of noise and may be contributing to the anti-social results of over-indulgence by the venue's patrons.

I do not consider extending opening hours and/or permitting live events seven nights a week to be reasonable or acceptable to people living in nearby residential properties.

As 'The Bottle of Sauce' has only operated during this short (winter) period, I have not observed/cannot comment on on-going problems resulting from late-night dispersal of its patrons. I consider this will also become a disturbing factor in summer months when windows are open more frequently.

Sue Dodson, 18 Somerset House, Knapp Road, Cheltenham, GL50 3QQ