

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application for the review of a premises licence or club premises certificate under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. 12 JAN 2015
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I Glyn Hollywell

(Insert name of applicant)

apply for the review of a premises licence under section 51 / apply for the review of a club premises certificate under section 87 of the Licensing Act 2003 for the premises described in Part 1 below (delete as applicable)

Part 1 - Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description Kendrick's Field Maes Bodlonfa	
Post town MOLD	Post code (if known)
Name of premises licence holder or club holding club premises certificate (if known) Town Centre Manager MOLD Town Council	
Number of premises licence or club premises certificate (if known)	

Part 2 - Applicant details

I am

Please tick ✓ yes

1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)

2) a responsible authority (please complete (C) below)

3) a member of the club to which this application relates (please complete (A) below)

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)

Please tick ✓ yes

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

HOLLYWELL

First names

GLYN

I am 18 years old or over

Please tick ✓ yes



Current postal
address if
different from
premises
address

HEULWEN
MAES BODLONFA

Post town

MOLD

Post Code

CH7 1DR

Daytime contact telephone number

01352758785

E-mail address
(optional)

g+hollywell@fsmail.net

(B) DETAILS OF OTHER APPLICANT

Name and address

Telephone number (if any)

E-mail address (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Telephone number (if any)
E-mail address (optional)

This application to review relates to the following licensing objective(s)

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Please tick one or more boxes ✓

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

Please state the ground(s) for review (please read guidance note 2)

The volume of noise generated by the event over the period of 3 days in August 2014 had a significant adverse effect on the quality of our life.

The effect was cumulative, escalating to disruptive nuisance proportions over the weekend.

The effect of the event was in contravention of

- 1) Article 1 of the first protocol of the Human Rights Act viz. "every person is entitled to the peaceful enjoyment of his/her possessions"
- 2) Article 8 viz. "everyone has the right to respect for his/her home and private and family life"

Exposure to the high level of noise caused extensive and sustained changes in behaviour without the ability to mitigate the effect of the noise. The impact on our health and quality of life was such that, regardless of the intended benefits of the activity, it led to psychological stress and physiological effects.

Please provide as much information as possible to support the application (please read guidance note 3

There was no approach made to Environmental Dept of Public Protection by anyone involved with this licensing application. I have a written affidavit from Public Protection to that effect. The effect the volume of noise had on us was extremely adverse. We contacted PP to monitor the volume throughout the event. When the equipment was brought, the very location & its proximity to residential dwellings was met with dismay and incredulity by the PP official. Had the dept been consulted the very strong advice would have been to locate the event elsewhere. Measured before the event the background db level was recorded as 40dbA. The levels recorded inside our house were averaging 65dbA peaking at 70+ dbA. For every 10db increase the noise level doubles. So 70dbA represents 6 times louder. We could not sit outside in our back garden which is our usual place we enjoy. We found it extremely difficult to bear even inside with doors & windows closed. I could not listen to or enjoy a concert from the National Eisteddfod because the volume level needed on the TV had to be so loud as to be unbearable if it were to drown out the noise from outside. We became more and more agitated by the day, losing sleep with anticipating another round of thudding, inescapable, intrusive noise. My wife suffers from high blood pressure. I have had a heart attack and am on medication. We both experienced raised blood pressure ~ not a desirable state for either of us. Speaking normally was not possible. Enjoying any normal activity was impossible inside - outside was out of the question. The front garden was subjected to a similar noise level because of the reflected noise off the steel structure adjacent. **NO ESCAPE.** It was a most unpleasant period of time in what should have been a time for us to enjoy the peace, privacy and normality of our home. We suffered a significant loss of amenity and intrusion into our private life. We could not mitigate the effect of the noise due to a significant change in the acoustic character of the area. There was no escape, no remission, no relief, no respite, no refuge from the relentless, intrusive, disruptive **noise** that invaded our lives. It amounted to a persistent physical and mental assault. We don't want to experience that ever again. Anticipation of a repeat experience is sufficient to cause hypertension.

Please tick ✓ yes

Have you made an application for review relating to the premises before

If yes please state the date of that application

Day Month Year

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If you have made representations before relating to the premises please state what they were and when you made them

Please tick ✓

yes

- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures (please read guidance note 4)

Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

Edy J. Peggwell

Date

08. 01. 2015

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

Post town

Post Code

Telephone number (if any)

If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)

Notes for Guidance

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.