Mr Douglas Christian Mrs Margaret Christian 33,The Doles Over Cambridge CB245NW

Date 30th May 2015

Dear Sir or Madam

I have been requested by The Licensing Section of South Cambridgeshire District Council to submit this Application Licence Review Application in connection to review the licence conditions of The Over Community Centre in Over Cambridge CB24 5NW

This request has been requested because you are named as a Responsable Authority please find enclosed Licence Review Application

Regards

Mr D Chistian [Carer] Tenant & Resident
Mrs Margaret Christian Tenant & Resident recieving care [Dementia]

[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 POLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. 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 Mr Douglas Raymond Christian

(Insert name of applicant)		
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Name of premises licence holder or club hold	ing club premises certificate (f know
Mr Sean Antony Baker / Over Commu	mity Centre / SCDCPI 0230	T 7717/1AA
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Please tick ✓ yes				
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Douglas R	aymond		Ch	ristian
I am 16 years old	or over			Please tick ✓ yes
Current postal address if different from premises address	33,Th	e Doles		
Post tewn	Over,	Cambridge	Post Code	CB24 5NW
Daytime contact te	lephone numbe	5.		01954 202366
E-mail address optional)		DOUGAND	MAGS@ HOT	MAIL.CO.UK
B) DETAILS OF	OTHER APPL	ICANT	4	
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	Please tick 🗸 yes
Have you made an application for review relating to the premises before	L We
If yes please state the date of that application	Day Month Year
If you have made representations before relating to the and when you made them	premises please state what they were
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(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

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Name and address /South cambridgeshire District Council Environmental Health
Gambourne Business Park, Cambourne, Cambridgeshire, CB23 6EA
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Telephone number (if any)
03450 450 500
E-mail address (optional)
WWW.SCAMBS.GOV.UK
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This application to review relates to the following licensing objective(s)
Please tick one or more boxes V
1) the prevention of crime and disorder
2) public safety
3) the prevention of public nuisance
(1) the protection of alithmetically
4) the protection of children from harm
Please state the ground(s) for review (please read guidance note 2)
Breach Of Licence/ Public Disturbance/
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which are being ignored by the licenced premises
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Please provide as much information as possible to support the application (please read guidance note 3)

Dear Review Board I am requesting you to look and review the licence of the named premises because conditions of the licence are not being upheld. On July 21st 2014 I Douglas Christian raised a complaint with South Cambridgeshire District Council regarding excessive noise coming from the Over Community Centre It was in October when the council decided to investigate after police reports made to Cambridge police Environmental Health Officers Installed sound equipment in my property in November 2014 for a period of three weeks the highest reading was 65dbs and Interpreted as an interference On January 17th The Environmental Health Team adjusted the sound limiter in the community centre to reduce the volume level with Instruction to the licensee not to use maximum base tone volume this has been ignored. I have proceeded with the councils complaint Procedure and addressed the complaint with the Government Ombudsman Office of which is in the process of being Authorised for a investigation into the conduct of the councils actions.

I Douglas Christian am not employed my wife was diagnosed with Dementia and became fully Incontinant in September 2014 the council are fully aware of this my wifes sleep patterns are all over the place and she needs constant attension I have to sleep and rest when I can and when she is in bed its my private rest time but not when you have noise pounding into your house all I want is peace and quite in my own home of which we are entitled

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yes					
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Part 3 – S	Signatures (please read guidance note	4)			
guidance	e of applicant or applicant's solicitor on note 5). If signing on behalf of the app	licant please state in what capacity.			
Signature	3 Alhistian	Hus, M.e. Chusti	aΛ		
Date 3	2015	•••••••••••••••••••••••••••••••••••••••			
Capacity					
Contact associat	name (where not previously given ad with this application (please rea) and postal address for corresp ad guidance note 6)	ondence		
South Ca	nsing Section mbridgeshire District Council ne Business Park				
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Post town		Post Code			
-54-1 1 -	Cambridge J	CB23_6EA	The state of the s		
	number (if any)				
If you won (optional)	ild prefer us to correspond with you i	ising an e-mail address your e-mail	address		

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.
- ?. The ground(s) for review must be based on one of the licensing objectives.
- Please first 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.
- An applicant's agent (for example solicitor) may sign the form on their heralf provided that they have actual authority to do so.
- 5. This is the address which we shall use to correspond with you about this application.