



**Licensing Act 2003
REPRESENTATION FORM**

The boxes marked * are mandatory. Representations missing this information will be automatically refused

Other Persons

*Name/ Name of business/organisation you represent	NHS Shropshire, Telford + Wrekin
*Postal address	[REDACTED]
Telephone number	[REDACTED]
Email address This is the most reliable way for us to communicate with you, please provide an email address if you have one	[REDACTED]

*Name & address of premises for which the representation is being made
Art-iculate, Unit 2, 548 Studios, Gravel Hill, Ludlow, 5481FP

*Your representation must relate to one or more of the following four licensing objectives. Please detail the evidence supporting your representation or the reason for your representation. Please use separate sheets if necessary.

THE PREVENTION OF CRIME AND DISORDER
PUBLIC SAFETY
NHS Shropshire, Telford + Wrekin commission a number of services from Ludlow Hospital including beds for acutely unwell + end of life patients. It is wholly inappropriate that these beds should be housed next to an entertainment venue with the potential noise impacts. Hospitals + entertainment on one site is not appropriate. There is also a significant risk re emergency ambulance access if required due to the size, access + impact on parking if large events are held.

THE PREVENTION OF PUBLIC NUISANCE

THE PROTECTION OF CHILDREN FROM HARM

Suggested conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account. Please use separate sheets where necessary.

NHS Shropshire, Telford + Wrekin do not believe there are any conditions that could fully mitigate the risk of impacts re noise, access, parking, general business

- Generally, if there is to be a hearing to determine the premises licence application, the Licensing Sub Committee will only be able to consider matters that have been previously disclosed. No new evidence can be introduced at the hearing. It is therefore imperative that you detail all matters that you wish to be considered on this initial representation. Please attach additional sheet if necessary.
- If you make a representation, you will be expected to attend the Licensing Sub Committee hearing and any subsequent appeal process. **All representations in their entirety, including your name, address and contact details will be disclosed to the applicant for the premises licence and their agent.**
- If limited or withheld personal details are redacted from representations, where notice of a hearing is given to an applicant, the licensing authority is required under the Licensing Act 2003 (Hearings) Regulations 2005 to provide the applicant with copies of the relevant representations that have been made.

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 publicly accessible documents, and any subsequent appeal court proceedings.



10/1/2024.

Signed:

Date:

If this form is sent as an email attachment, its transmission will confirm that you have agreed the above conditions