

Licensing Act 2003 Representation Form



Section 1 - Application Details

I object to the following Application:

Applicant's name (if known):

Premises name and address:

Application for a	Premises Licence..... <input type="checkbox"/>
	Club Premises Certificate..... <input type="checkbox"/>
Application to vary an existing	Premises Licence..... <input type="checkbox"/>
	Club Premises Certificate..... <input type="checkbox"/>
Application Number	

Section 2 - Objector details

Individual Objectors Details:

If you are objecting as a representative go to the next section

Applicant Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____
Surname	
First name(s)	
Contact Tel no:	
Email address:	

Address (incl postcode):

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Please note that a full copy of your objection (including your name and address) is required to be sent to the applicant and will be a public document at any hearing of this matter.

If you do not wish your objection to be made public, please complete the box below and give reasons. If you are not prepared to allow your objection to be made public then it may be ruled as unusable or as being less important than a public objection.

Please tick here if you do not wish your objection to be made public and complete the box below

This is because

If you represent residents or businesses, please complete the boxes below

Organisation name if applicable	
Please state nature of representation:	

Section - Objection Details

<p>My objection is relevant to the following licensing objective:</p> <p><i>You can tick more than one box</i></p>	<p><input type="checkbox"/> Prevention of crime and disorder.</p> <p><input type="checkbox"/> Prevention of public nuisance.</p> <p><input type="checkbox"/> Protection of children from harm.</p> <p><input type="checkbox"/> Public safety</p>
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<input type="checkbox"/>	I object to the application being granted at all
<input type="checkbox"/>	I object to the application being granted in it's current form (If you choose this option remember to tell us in the next section what changes you would like to see)

Our objection is based on the following:

You need to complete this box as fully as possible. If you do not then the Committee may not understand why you have objected.

Please attach supporting documents / further pages as necessary - Please number all extra pages

Signed.....

Date.....

NOTES

- Please complete all information or your objection may not be considered.
- Try to be as specific as possible and give examples e.g. on 1 February I could hear loud music from the premises between 10pm and 1 am I am concerned that if the premises open until 2 am this will cause a nuisance to me and other residents of the street
- Groups may include a Residents Association, Parish or Town Council, District Council Ward Councillor (list residents who have approached you to represent them), trade association
- If you do make a representation you will be invited to attend a meeting of the Licensing Authority's Panel and any subsequent appeal proceeding. If you do not attend, the Panel will consider any representations that you have made and apply any weight to it they deem appropriate
- This form must be returned within 28 days from the day after the application was made. The exact date may be found on the council's website.
- The objection may only relate to one or more of the four licensing objectives.

Please return this form when completed to:

Warwick District Council
Licensing Team,
Health and Community Protection,
Riverside House,
Milverton Hill,
Royal Leamington Spa.
CV32 5HZ

licensing@warwickdc.gov.uk

Tel: 01926 456705

This may form be posted or emailed to the Local Authority