Representations On A Current Application For A Grant/Variation of a Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

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.

Wish to make representation about the application for variation for a premises licence (delete as applicable)

PART 1 – PREMISES OR CLUB PREMISES DETAILS

 Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description

 Post Town
 Post Code

Name of premises licence holder or club holding club premises certificate (if known)

Number of premises licence or club premise certificate (if known)

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

l am		Please Tick √			
1)	A person (please complete (A) or (B) below)				
	a) a person				
	b) a body representing any other person				
2)	a responsible authority (please complete (C) below)				
3) (A) DE	3) a member of the club to which this representation relates (please complete (A) below) (A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)				
Mr	Mrs Miss Ms Other Title (for example, Rev)				
Surnan	ne First Names				
l am 18	B years old or over Yes (Plea	ase Tick)			
Current	t Address				

	Post Code	
	I	
lumber		
	number	

(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g Body or Business)

Name and Address	Name and Address					
Telephone Number (If any)						
reiephone raumber (Ir any)						

E-Mail address (optional)	

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address

Telephone Number (If any)	
E-Mail address (optional)	

This representation relates to the following licensing objective(s)

		Please Tick √
1.	the prevention of crime and disorder	
2.	public safety	
3.	the prevention of public nuisance	
4.	the protection of children from harm	

Please state the ground(s) for representation. (please read guidance note 1)

Please provide as much information as possible to support the representation. (Please read guidance note 2)

Plea	se
Tick	\checkmark

Year

If Yes,	please	state the	date d	of that	representation
---------	--------	-----------	--------	---------	----------------

If you have made representation before relating to this premises please state what they were and when you made them.

Part 3 – Signatures (Please read guidance note 3)

Signature of representative or representatives solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature	Date	
Capacity		

Contact name (where r representation. (Please re		address	for	correspondence	associated	with	this
Post Town		Post Coo	de				
Telephone Number (if a	iny)						
E-mail Address (optiona	al)						

Notes for Guidance

- 1. The ground(s) for representation must be based on one of the licensing objectives.
- 2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
- 3. The representation form must be signed.

- 4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- This is the address, which we shall use to correspond with you about this representation.
 Information on the Licensing Act 2003 is available at <u>www.redcar-cleveland.gov.uk</u> and you are advised to read any relevant guidance leaflets before completing this form.