



Licensing Act 2003
Representation on a Licensing Application

Note: Please be aware that this form may be viewed by the applicant or by a representative of the applicant. This form will be made available, upon request, to the public. It may also be read out in public at the sub-committee hearing.

Before completing this form please read the Guidance Note

Representations can be made when relevant to an application if they relate to at least one of the four **Licensing Objectives** listed below:

- 1. The Prevention of Crime and Disorder**
- 2. Public Safety**
- 3. Prevention of Public Nuisance**
- 4. The Protection of Children from Harm**

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to the Licensing Authority.

In the case of a closure order issued by the Police, representations may be made during the seven days that follow relevant notice being given to the Local Authority by the Magistrates Court, starting on the day after the day the notice was received.

Please enter your contact details below:-

Name:	
Address:	
Postcode:	
Tel:	
E-mail address (if applicable):	

Please confirm name and address of person or business affected, if different from the address given above:

Name:	
Address:	
Postcode:	
E-Mail address (if applicable):	

Please provide details of the application to which you wish to make a representation.

Name of Applicant	
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Address of Premises	
Application Details	
E-mail address (if applicable)	
Last date for representation	

Please give details of your representation in the box below. Indicate which of the Licensing Objectives your representation refers to by ticking the relevant box/es:

- **The Prevention of Crime and Disorder**
- **Public Safety**
- **Prevention of Public Nuisance**
- **The Protection of Children from Harm**

Details of representation

If possible please suggest alterations to the application that would resolve the problem mentioned above, again paying attention to the licensing objectives

Once the Licensing Section has received this form you may be contacted to discuss the issue prior to any referral to a sub-committee hearing.

Please tick this box if you consent to any notice of hearing being sent to you to the e-mail address provided by you above.

Please tick this box if you do not intend to attend or be represented at the hearing.

If you wish to withdraw any representations you may do so confirming this in writing to the address given below, providing you do so no later than 24 hours before the any hearing, or otherwise orally at the hearing.

Signed:

Print Name:

Date:

Date Representation made:

Please return this form to the following address:

**Licensing
South Kesteven District Council
Council Offices
St Peter's Hill
Grantham
NG31 6PZ**
Email: licensing@southkesteven.gov.uk
Tel: 01476 406080
www.southkesteven.gov.uk