**LICENSING ACT 2003**

# REPRESENTATION FORM FROM INTERESTED PARTIES

This representation is made by an Interested Party regarding the premises to be licensed as detailed below:

|  |  |
| --- | --- |
| Your name/organisation name/name of body you represent (see note 3) |  |
| Organisation name/name of body you represent (if appropriate) (see note 3) |  |
| Postal address |  |
| Email address |  |
| Daytime contact telephone number |  |

|  |  |
| --- | --- |
| Name of the premises you are making a representation about |  |
| Address of the premises you are making a representation about |  |

**Your representation must relate to one of the four Licensing Objectives (see note 4)**

|  |  |  |
| --- | --- | --- |
| LICENSING OBJECTIVE | Yes or No | Please detail the evidence supporting your representation or the reason for your representation. Please use separate sheets if necessary |
| Prevention of crime and disorder | Yes |  |
| Public safety | Yes |  |
| Prevention of public nuisance | Yes |  |
| Protection of children from harm | Yes |  |

|  |  |  |
| --- | --- | --- |
| Please suggest any conditions that you think could be added to the licence to remedy your representations or other suggestions you would like the Licensing Sub Committee to take into account |  |  |

SIGNED:

DATED:

**NOTES**

1. If you do make a representation you will be invited to attend a meeting of the Licensing sub Committee and any subsequent appeal proceeding. If you do not attend, the Committee will consider any representations that you have made.

2. This form must be returned within the Statutory Period, which is 28 days from the date the notice was displayed on the premises or the date specified in the Public Notice in the newspaper. Please contact the Licensing Section if you are in doubt about the date.

3. They can only relate to the four licensing objectives.

4. It is a legal requirement that your representation including your address details will be passed to the applicant, to allow them the opportunity of addressing your concerns. Your representations will be published in the report available to the Licensing Committee, which will be publicly available. If you do not wish your details to be shared then you must provide sufficient grounds or your representation will not be accepted

5. Please return this form when completed to:

Gravesham Borough Council

Licensing Team

Civic Centre

Windmill Street

Gravesend

Kent

DA12 1AU

Tel: 01474 33 76 51

**Gravesham Borough Council processes personal data consistent with the General Data Protection Regulation and Data Protection Act 2018.  For more information about how the Council processes your personal data please see the privacy notice on our website at:** [**www.gravesham.gov.uk/privacy**](http://www.gravesham.gov.uk/privacy)