



Representation form for Other Persons Licensing Act 2003

Note: Please be aware that your completed form may be viewed by the Applicant or by a representative of the Applicant. It may also form part of a public report for a sub-committee hearing.

Representations can be made against a relevant licence application by 'other persons'. Representations may be made on behalf of the above by a representative e.g. MP, solicitor, or a friend.

Representations are only relevant to an application if they relate to at least one of the four **Licensing Objectives** listed below:

- **The prevention of crime and disorder**
- **Public safety**
- **The prevention of public nuisance**
- **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 provide contact details of 'Other Persons'.

Name:	
Address:	
Postcode:	
Phone number:	
Email address:	

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

Name of Applicant:	
Address of Premises:	
Application Details:	

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

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(s) mentioned above, again paying attention to the licensing objectives:

Once the Licensing Team has received this form you will receive a written acknowledgment and 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 any hearing being sent to you to the email address provided on page 1.

(Please note if any notice is sent to you by electronic means, you will also receive confirmation of the same by post)

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

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

Signed: Dated:

Print Name:

Please return this form to licensing@west-lindsey.gov.uk or:

Licensing
West Lindsey District Council
Marshall's Yard
Gainsborough
Lincolnshire
DN21 2NA

Privacy Notice: We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: www.west-lindsey.gov.uk/licensing-privacy/

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.west-lindsey.gov.uk/fairprocessingnotice or contact the finance department on 01427 676560 or FinanceTeam@west-lindsey.gov.uk