

**Licensing Act 2003**

REPRESENTATION FORM

| **Your name/organisation name/name of**  **body you represent** |  |
| --- | --- |
| **Postal and email address** |  |
| **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 2)**

| ***Licensing Objective*** | ***Yes Or***  ***No*** | ***Please detail the evidence supporting your representation or the reason for your representation.***  ***Please use separate sheets if necessary*** |
| --- | --- | --- |
| **To prevent crime and disorder** |  |  |
| **Public safety** |  |  |
| **To prevent public nuisance** |  |  |
| **To protect children from harm** |  |  |

| **Please suggest any conditions that could be added to the licence to remedy your representation or other suggestions you would like the**  **Licensing Sub Committee to take into account (see note 2).** |  |
| --- | --- |

Signed: Date:

**Please see notes on reverse**

**NOTES**

1. This form must be returned within the statutory period of 28 days from the date the application was displayed on the premises of the date given in the public notice in a local newspaper or other local publication.
2. These can only relate to the four licensing objectives.
3. 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.
4. Your representation 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 Sub-Committee, which will be publicly available. Names and addresses will only be withheld from the Sub-Committee report at your request. Email addresses and contact telephone numbers will not be publicly available.
5. Please return this form when completed to: The Licensing Officer

Melton Borough Council Parkside

Station Approach Melton Mowbray LE13 1GH

Tel: 01664 502502

Email: [licensing@melton.gov.uk](mailto:licensing@melton.gov.uk)