|  |  |
| --- | --- |
| Representations on a Current Application for a Grant/Variation/Review of a Premises Licence or Club Premises Certificate under The Licensing Act 2003 |  |

***Please Note – Your address will be a matter of public record if the application to which this representation relates is referred to the Licensing Committee to determine at a Hearing.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I wish to object to the application | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I wish to support the application | Yes |  | No |  |

Which type of application do you wish to support / make representations to?

|  |  |  |  |
| --- | --- | --- | --- |
| New Club Premises Certificate/ Premises Licence |  | Variation of a Club Premises Certificate/ Premises Licence |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Review of a Club Premises Certificate/ Premises Licence |  | Variation of a Club / Premises Licence |  |

Name of Premises

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Address (including postcode) |  |

|  |  |
| --- | --- |
| Licence No. (if known / applicable) |  |

Details of those making representation / comments in support:

|  |  |  |  |
| --- | --- | --- | --- |
| An Individual / Other Person |  | An Organisation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| A Responsible Authority |  | On Behalf of an Individual / Organisation |  |

A)Details of individual making representation / support

*If you are submitting the representations / comments on behalf of an individual / organisation please complete their details below and provide your name, address and email at the end of the form.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

Surname First Name(s)

|  |
| --- |
|  |

I am 18 years old or over

Current Address (including postcode)

|  |
| --- |
|  |

|  |
| --- |
|  |

Telephone number

|  |
| --- |
|  |

E-mail address

B) Details of organisation making representation / support (e.g. Body or Business)

Name and Address of Organisation (including postcode)

|  |
| --- |
|  |

|  |
| --- |
|  |

Telephone number

|  |
| --- |
|  |

E-mail address

C) Details of responsible authority making representation / support

Name and Address of Responsible Authority (including postcode)

|  |
| --- |
|  |

|  |
| --- |
|  |

Telephone number

|  |
| --- |
|  |

E-mail address

Details of the representations / comments in support

This representation relates to the following licensing objective(s) Please tick those which apply 

|  |  |  |  |
| --- | --- | --- | --- |
| The Prevention of Crime and Disorder |  | Public Safety |  |

|  |  |  |  |
| --- | --- | --- | --- |
| The Prevention of Public Nuisance |  | The Protection of Children from Harm |  |

Please state the ground(s) for representation; these must be based on one or more of the licensing objectives. Please provide as much information as possible in respect of your representations / comments in support.

|  |  |
| --- | --- |
| **Licensing Objective** | **Details of Representations** |
| **A) The Prevention of Crime and Disorder** |  |
| **B) Public Safety** |  |
| **C) The Prevention of Public Nuisance** |  |
| **D) The Protection of Children from Harm** |  |

Signatures

It is an offence, liable on conviction to a fine not exceeding level 5 on the standard scale, under section 158 of the Licensing Act 2003 to knowingly or recklessly make a false statement in or in connection with this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Capacity |  | | |

***Please Note – Your address will be a matter of public record if the application to which this representation relates is referred to the Licensing Committee to determine at a Hearing.***

|  |
| --- |
| Contact name (where not previously given) and address for correspondence associated with this representation. |

|  |  |
| --- | --- |
| Telephone Number (if any) |  |
| E-mail Address (optional) |  |

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 the authority’s website at:

<http://www.wigan.gov.uk/Council/DataProtection-FOI-Stats/National-Fraud-Initiative.aspx>