



NORTH KESTEVEN DISTRICT COUNCIL

LICENSING ACT 2003

Representation

Note: Please be aware that this form may be viewed by the Applicant or by a representative of the Applicant. It may also be read out in public at a Licensing Hearing and made public, including being published on this council's website.

Any person may make a Representation about a relevant licence application. Representations may be made on their behalf 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:

- 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:	

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

Name of Applicant:		
Address or Premises:		
Application Details:		

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:

<input type="checkbox"/>	The Prevention of Crime and Disorder	
<input type="checkbox"/>	Public Safety	
<input type="checkbox"/>	Prevention of Public Nuisance	
<input type="checkbox"/>	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.

Suggestions..

Once the Licensing Authority has received this form you will receive a written acknowledgement and you may be contacted to discuss the issue prior to any referral to the sub-committee hearing.

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

(please note if any notice is sent to you by electronic means, you will also receive confirmation of the same in writing).

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 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:

Please return this form to the following address:

The Licensing Manager
North Kesteven District Council
Council Offices
Kesteven Street
Sleaford
Lincs
NG34 7EF

Or email to
Licensingteam@n-kesteven.gov.uk