

Spelthorne Borough Council
 Council Offices
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 Staines
 Middlesex
 TW18 1XB
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**Licensing Act 2003
 Representation in respect of a
 Premises Licence Application or Variation or a
 Club Premises Certificate Application or Variation**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Representations **MUST** be made to the Licensing Authority in writing. They cannot be lodged electronically (i.e. by email or by fax) unless this method is agreed beforehand with the Licensing Authority (the Council) and, if it is agreed they may be sent electronically, a written copy must be sent to the Licensing Authority forthwith. Failure to observe the requirements may invalidate it.

You are not obliged to use this form to make a representation and you may make a representation by letter if you wish. This form will guide you through the process though. If you are completing this form by hand, please print. Please ensure your answers are inside the boxes and written in black ink as we will need to photocopy the form. You may use additional sheets if necessary. You may wish to keep a copy of the completed form for use by you at any hearing held by the Council or the Magistrates Court as a result of this representation.

I, the undersigned, hereby make representations against the following application.

Details of premises or club premises whose application you wish to make representations against.

Name of Premises or Club
Address of Premises or Club
Post code (if known)

Type of application (if known)

	Please tick ✓
Premises Licence application	<input type="checkbox"/>
Variation to a Premises Licence	<input type="checkbox"/>
Club Premises Certificate application	<input type="checkbox"/>
Variation of a Club Premises Certificate	<input type="checkbox"/>

Representor's Details

I am

Please tick one only ✓

- 1) An interested party
 - a) A person living in the vicinity of the premises (please complete section A below)
 - b) A body representing persons living in the vicinity of the premises (please complete section B below)
 - c) A person involved in business in the vicinity of the premises (please complete section A below)
 - d) A body representing persons involved in business in the vicinity of the premises (please complete section B below)
- 2) A responsible authority (please complete section (C) below)

If you do not fall into one of the above categories you may not be entitled to make representations.

Section A - DETAILS OF INDIVIDUAL REPRESENTOR (fill in as applicable)

Title	Surname or Family Name
Forenames	
Address of where you live (you can give an alternative address for correspondence later in this form)	
Post code	
Daytime Telephone	
E-mail address (optional)	

Section B - DETAILS OF BODIES MAKING REPRESENTATIONS

Name of person completing this form
Name of Body
Address of Body
Post code
Daytime Telephone number of person completing this form
E-mail address of person completing this form (optional)

Section C - DETAILS OF RESPONSIBLE AUTHORITY

Name of contact person completing this form
Name of Authority
Address of Authority
Post code
Telephone number of contact person
E-mail address of contact person (optional)

This representation relates to the following licensing objectives(s)

(Ticking one of these boxes alone does not constitute a valid representation. The grounds of objection must be described overleaf but must relate to one of these objectives.)

Please tick one or more boxes ✓

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If your representation does not relate to at least one of the above objectives your representation will be invalid.

Please state the ground(s) for the representation and how it relates to one of the licensing objectives.

IF THE GROUNDS OF THE REPRESENTATION ARE NOT SET OUT BELOW OR ON AN ACCOMPANYING SHEET THIS REPRESENTATION WILL BE INVALID.

Please use additional blank sheets if necessary

Please tick ✓

- I understand that this representation may result in a hearing before a Licensing Sub-Committee and if the decision of that Sub-Committee is appealed against, a hearing in the Magistrate's Court.
- I understand that this representation may become a public document, that a full copy will be sent to the applicant and that it will be scrutinised by members of the Licensing Sub-Committee hearing that may be held as a result of this representation.

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT IN CONNECTION WITH THIS REPRESENTATION. THIS IS PUNISHABLE, ON CONVICTION, BY A FINE OF UP TO £5,000.

This representation must be signed by:

an individual making a representation or

a person authorised to do so by

a body representing persons living in the vicinity of the premises or

a body representing persons involved in business in the vicinity of the premises, or

a person authorised to do so by a Responsible Authority.

Signed Date

Address for correspondence

Contact address for correspondence if different from that given in Sections A, B, or C above.

Post town	Post code
Daytime Telephone number (if any)	
e-mail address (optional)	

All representations must be made by sending this form to the Licensing Authority (which is Licensing Division, Spelthorne Borough Council, Council Offices, Knowle Green, Staines, Middlesex, TW18 1XB) to arrive there during the period of 28 consecutive days starting on the day after the day on which the application to which it relates was given to the Licensing Authority by the applicant. In the case of representations following a closure order this period is 7 days after the day on which the Licensing Authority received the notice under section 165(4) of the Act.

Representations received outside these time limits will be deemed to be invalid.