

Representations On A Current Application For A Grant/Variation Of A Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

It is essential that you provide your full residential address (or business address if you are objecting from a business). Without this information your representation may not be accepted.

Please note that a full copy of your representation (including your personal details) will be sent to the applicant and will be a public document at any hearing of this matter. Summaries of the comments received will also be displayed on our website. You may wish to keep a copy of the completed form for your records.

Section 1 – Licence Application Details

Applicant Name (If Known)	
Premises Name and Address	
Please indicate as appropriate:	
<input type="checkbox"/> I wish to object to the application <input type="checkbox"/> I wish to support the application	

Section 2 – Your Personal Details

If you are acting as a representative, please go to Section 3	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Other: (please state)
Surname	
First Name(s)	
Address (including Postcode)	
E-mail Address (optional)	
Telephone Number (optional)	

Section 3 – Representative Details

If you represent residents or businesses in the vicinity please complete details below:	
Name of Representative or Organisation	
Address (including Postcode)	
Please indicate capacity:	
<input type="checkbox"/> Representative of Residents Association <input type="checkbox"/> Ward Councillor <input type="checkbox"/> Parish Council <input type="checkbox"/> MP <input type="checkbox"/> Trade Association <input type="checkbox"/> Other (please specify)	
Please supply details of those you represent e.g. residents of The Avenue, TS21 8BP (please continue on a separate sheet if necessary)	

Section 4 – Representation Grounds

<p>The representation is relevant to one or more of the following licensing objectives:</p> <p>Please tick relevant box(es)</p>	<input type="checkbox"/> Prevention of Crime and Disorder <input type="checkbox"/> Prevention of Public Nuisance <input type="checkbox"/> Protection of Children from Harm <input type="checkbox"/> Public Safety
Please Select:	
<input type="checkbox"/> I object to the application being granted at all <input type="checkbox"/> I object to the application being granted in its current form*	
*If you choose this option remember to tell us what changes you would prefer to see.	
You need to complete the box overleaf as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation. Please continue on a separate sheet if necessary.	

The grounds of the representation is based on the following:

(Try to be as specific as possible and give examples of any evidence you may have e.g. on 1 June I could hear loud music from the premises between 10pm and 1.am. I am concerned that if the premises open until after 2am this will cause a nuisance to me and other residents of the street)

Signed:	Dated:

When complete this form should be returned to:

Stockton on Tees Borough Council
 Trading Standards & Licensing
 PO Box 232
 16 Church Road
 Stockton on Tees
 TS18 1XD

Email: licensing.administration@stockton.gov.uk

For Office Use Only

Date Received		Checked By	
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