

**Licensing Act 2003**

**Representation (Objection Form)**

**I object to the following application:**

**Section 1 – Premises Details**

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| **Name of Premises**      |
| **Name of applicant** |
| **Address of Premises**      |
| **What is the application you oppose** |

**Section 2 – Objector’s Details**

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| --- |
| **Title:**       |
| **Surname:**        |
| **First Names:**       |
| **Address:**        |
| **Email:\***      *\*By providing an email address, you consent to receiving notices and correspondence in this regard by return email.* |
| **Daytime phone number:**      *(This is essential as we may need to contact you at short notice)* |

If you are representing residents or businesses, please complete the boxes below and attach any additional sheets showing the details of those you have been requested to represent and authority to do so.

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| **Organisation name (if applicable):**      |
| **Nature of representation, for example, Resident’s Association, Ward Councillor etc:**      |

**Section 3 – Representation Details**

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| Which of the four licensing objectives does your representation relate to? (Tick as appropriate) | **🗸** | Please state your representation here. Use separate sheets if necessary. |
| **Prevention of crime and disorder** | [ ]  |       |
| **Prevention of public nuisance** | [ ]  |       |
| **Public Safety** | [ ]  |       |
| **Protection of children from harm** | [ ]  |       |

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| **Use this space to provide further information in support of your representation or to explain any supporting documentation you have provided with this representation:**      |

Please tick as appropriate:

|  |  |
| --- | --- |
| [ ]  | **I object to the application being granted at all** |
| [ ]  | **I object to the application being granted in its current form** |

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| **Are there any changes the applicant could take which would alleviate your concerns detailed above?**[ ]  **YES** [ ]  **NO** |
| **If yes, please give details below (use separate sheets if necessary):**      |

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| **Determination hearings are held on weekdays during normal business hours. If your representation is deemed relevant in whole or part, would you want to attend the hearing?**[ ]  **YES** [ ]  **NO****If no, please say why:**      |

**Section 4 – Declarations**

|  |  |
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| I am aware that a full copy of my representation (including my name and address) will be sent to the applicant and will form part of a public document prior to any hearing on this matter. | [ ]  |
| I declare that all information contained within this form is correct and true to my knowledge. | [ ]  |
| By providing an email address, I consent to receiving notices and correspondence about this matter by return email. | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |       |  | **Date:** |       |

Once complete, this form should be returned to the Licensing department by email to licensing@rossendalebc.gov.uk or by post or personal service to the Council offices. You must ensure that the representation is received within the statutory objection period as late representations cannot be considered.