



Representations on a Current Application for a Grant/Variation of a Premises Licence or Club Premises Certificate Under the Licensing Act 2003

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BEFORE COMPLETING THIS FORM PLEASE READ THE GUIDANCE NOTES AT THE END OF THE FORM

If you are completing this form by hand please write legibly using block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I (Insert name)

Wish to make representation about the application for variation/grant for a premises licence/club premises certificate (delete as applicable)

PART 1 – PREMISES OR CLUB PREMISES DETAILS

Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description	
Post Town	Post Code

Name of premises licence holder or club holding club premises certificate (if known)
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Number of premises licence or club premise certificate (if known)

PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

Please Tick ✓

- 1) an interested party (please complete (A) or (B) below)
- a) a person living in the vicinity of the premises
- b) a body representing persons living in the vicinity of the premises
- c) a person involved in business in the vicinity of the premises
- d) a body representing persons involved in business in the vicinity of the premises

- 2) a responsible authority (please complete (C) below)

- 3) a member of the club to which this representation relates (please complete (A) below)

(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

Mr Mrs Miss Ms Other Title (for example, Rev)

Surname

First Names

I am 18 years old or over Yes (Please Tick)

Current Address	<input type="text"/>		
Post Town	<input type="text"/>	Post Code	<input type="text"/>

Daytime contact telephone number

E-mail address (optional)

(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g. Body or Business)

Name and Address

Telephone Number (If any)

E-Mail address (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION

Name and Address

Telephone Number (If any)

E-Mail address (optional)

This representation relates to the following licensing objective(s)

Please ✓ 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

Please state the ground(s) for representation. (please read guidance note 1)

Please provide as much information as possible to support the representation. (Please read guidance note 2)

Please Tick ✓

Have you made a representation relating to the premise before

If yes please state the date of that application

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

If you have made representation before relating to this premise please state what they were and when you made them.

Part 3 – Signatures (Please read guidance note 3)

Signature of representative or representative’s solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature **Date**

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

Post Town	<input type="text"/>	Postcode	<input type="text"/>
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Telephone number (if any)

Email address (optional)

Notes for Guidance

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address, which we shall use to correspond with you about this representation.
6. Information on the Licensing Act 2003 is available at www.darlington.gov.uk and you are advised to read any relevant guidance leaflets before completing this form.