

**St Albans City & District Licensing Authority
Licensing Act 2003**

REPRESENTATION FORM FROM INTERESTED PARTIES

Your name/organisation name/name of body you represent (see note 3)	
Organisation name/name of body you represent (if appropriate) (see note 3)	
Postal and email address	
Contact telephone number	

Name of the premises you are making a representation about	
Address of the premises you are making a representation about.	

Your representation must relate to one of the four Licensing Objectives (see note 4)

Licensing Objective	Yes Or No	<i>Please detail the evidence supporting your representation or the reason for your representation. Please use separate sheets if necessary</i>
To prevent crime and disorder		
Public safety		
To prevent public nuisance		
To protect children from harm		

Please suggest any conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account. **	
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Signed:

Date:

Please see notes on reverse

NOTES

1. If you do make a representation you will be expected to attend a meeting of the Licensing Authority's Committee and any subsequent appeal proceeding. If you do not attend, the Committee will consider any representations that you have made.
2. This form must be returned within the statutory period of 28 days from the date the application was displayed on the premises of the date given in the public notice in a local newspaper or other local publication.
3. These can only relate to the four licensing objectives.
4. If you do make a representation you will be expected to attend a meeting of the Licensing Authority's Committee and any subsequent appeal proceeding. If you do not attend, the Committee will consider any representations that you have made.
5. Your representation will be passed to the applicant, to allow them the opportunity of addressing your concerns. Your representations will be published in the report available to the Licensing Committee, which will be publicly available.
6. Please return this form when completed to:

St Albans City & District Licensing Authority
Licensing Section
Civic Centre
St Peter's Street
St Albans
Hertfordshire
AL1 3JE

Tel: 01727 819453

Fax: 01727 819433

Email: licensing@stalbans.gov.uk