



# Interested Party Representation Licensing Act 2003

## Public Protection, Environmental Services

Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX

Telephone 01789 260832 Fax 01789 260809 Minicom 01789 260747 Website [www.stratford.gov.uk](http://www.stratford.gov.uk)

To be read in conjunction with the Guide to Making a Representation or Complaint

### SECTION 1. Application Details (BLOCK CAPITALS)

#### I object to the following Application

APPLICANT'S NAME:  
(If known)

PREMISES NAME:

PREMISES ADDRESS:   
  
POSTCODE:

Application for a:	Premises Licence <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Club Premises Certificate	<input type="checkbox"/>
Application to vary an existing:	Premises Licence	<input type="checkbox"/>
	Club Premises Certificate	<input type="checkbox"/>

Application Number

Stratford-on-Avon District Council will use the information you provide on this form for administration of a Licence The Council will show the information you provide to such of its employees and agents as need to see it to achieve the purpose stated above. Your information will not be disclosed other than within the District Council's notification under the Data Protection Act 1998, unless the law allows us to do so.

**SECTION 2. Objector Details**

**Individual objector's details** (if you are objecting as a representative go to the next section)

TITLE: Mr/Mrs/Miss/Other

SURNAME:

FORENAME(S):

HOME ADDRESS:  
(see note 1)

POSTCODE:

TELEPHONE NUMBER:  E-mail:

Please note that a full copy of your objection (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter.

If you do not wish your objection to be made public please complete the box below and give reasons. If you are not prepared to allow your objection to be made public then it may be ruled as unusable or as being less important than a public objection.

Please tick here if you do not wish your objection to be made public and complete the box below

I do not wish my objection to be made public because

.....

.....

.....

If you represent residents or businesses in the vicinity please complete the boxes below

Organisation name (if applicable)

Please state nature of representation see note 3

.....

.....

.....

**SECTION 3. Objection Details**

My objection is relevant to the following licensing objective:

You can tick more than one box



Prevention of crime and disorder

Prevention of public nuisance

Protection of children from harm

Public safety

I object to the application being granted at all

I object to the application being granted in its current form  
(If you choose this option remember to tell us in the next section what changes you would like to see)

Our objection is based on the following:

Please complete overleaf and attach supporting further pages / documents and number all extra pages see note 2. You need to submit as much information as possible. If you do not then the Committee may not understand why you have objected.

Signed

Date

**NOTES**

1. Please complete this information or your objection may not be considered. This is because it is only a relevant objection if you live in the vicinity of the premises.
2. Try to be as specific as possible and give examples e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street
3. Residents association, Parish or Town Council, District Council Ward Councillor (list residents who have approached you to represent them), trade association
4. If you do make a representation you will be expected to attend a meeting of the Licensing Authority's Committee/Panel and any subsequent appeal proceeding. If you do not attend, the Committee /Panel will consider any representations that you have made
5. This form must be returned within 28 days from the date the application was displayed on the premises or the date given in the public notice in a local newspaper or other local publication.
6. You must live, work or represent a body that is in the vicinity of the premises that you are writing about in order to make representations. These can only relate to the four licensing objectives.

Please return this form when completed to:

Stratford-on-Avon District Council  
Public Protection Team  
Elizabeth House, Church Street  
Stratford-upon-Avon  
Warwicks CV37 6HX

Tel: 01789 260832

Fax: 01789 260808

Email: [licensing@stratford-dc.gov.uk](mailto:licensing@stratford-dc.gov.uk)

A blank sheet of lined paper with horizontal ruling lines spaced evenly down the page.