



Licensing Act 2003 Representation Form



Stratford-on-Avon District Council, Licensing Team

Governance and Democracy, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
Telephone: 01789 260211 Facsimile: 01789 260808 Minicom: 01789 260747 Website: www.stratford.gov.uk

If you find the text in this form difficult to read
we may be able supply it in a format better suited to your needs

PRIVACY STATEMENT

The personal data that you provide will be used in the determination of your application, matters in connection with any registration made and for reference in the event of future applications you might make, the legal basis for this processing is that it is necessary for compliance with the legal obligations to which Stratford-on-Avon District Council is subject.

You must complete this form in order for us to register you for this activity and enable us to administer your registered activity should it be registered. If you do not complete this form we will not be able to register you for this activity, so you will not be able to lawfully conduct this activity.

Your personal data may be shared with Warwickshire Police, Environmental Health at Stratford-on-Avon District Council, internal council departments who require access to your information for the purposes of administration, regulation and law enforcement, the Cabinet Office as part of the National Fraud Initiative, HM Revenue and Customs, National Anti-Fraud Network.

Your data will be kept for the duration of the time you remain registered by Stratford-on-Avon District Council, and will be destroyed 6 years after the date upon which you cease to be registered.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council's main Privacy Notice on www.stratford.gov.uk

For the Data Controller and Data Protection Officer's contact details and further information please see the Council's main Privacy Notice on www.stratford.gov.uk

To be read in conjunction with the Guide to Making Representations or Complaints

SECTION 1 - Details of Premises (BLOCK CAPITALS)

Applicant's Name (if known)	<input type="text"/>
Application Number (if known)	<input type="text"/>
Premises Name	<input type="text"/>
Premises Address	<input type="text"/>
Postcode	<input type="text"/>

Please tick as appropriate

Application for a:	Premises Licence	<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 to review a:	Premises Licence	<input type="checkbox"/>	Club Premises Certificate	<input type="checkbox"/>

SECTION 2 - Your Details

(if you are a representative for residents or businesses please go to the bottom of the page)

Title	<input type="text" value="Mr / Mrs / Miss / Ms / Other (please state)"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Home Address	<input type="text"/>
Postcode	<input type="text"/>
Contact Number(s)	<input type="text"/>
Email	<input type="text"/>

Please note that a full copy of your representation (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 represent residents or businesses please complete the box below

Organisation Name (if applicable)	<input type="text"/>
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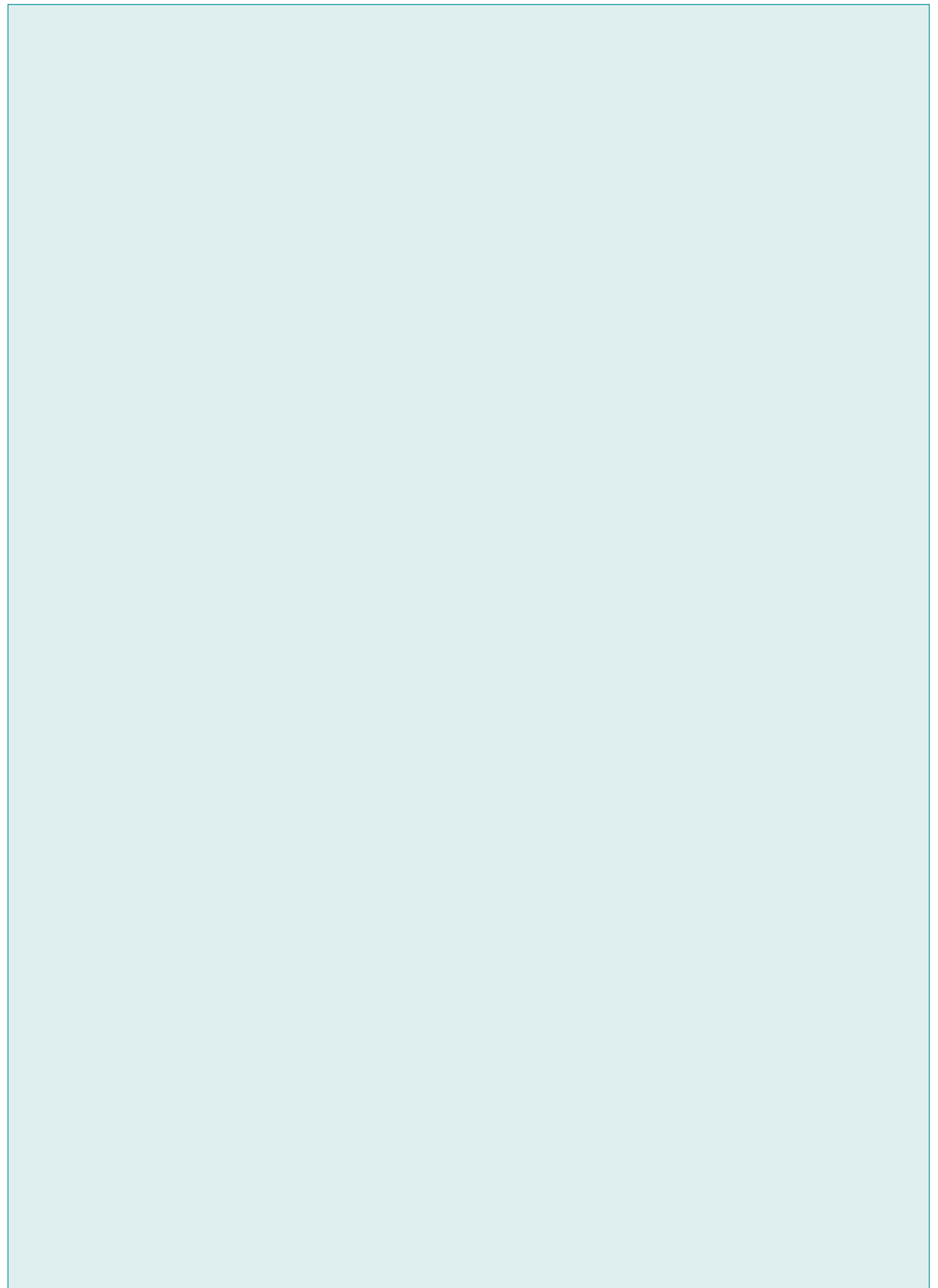
Please state nature of representation see note 2

Only representations directly related to the impact applicable activities might have on the licensing objectives of:

- a) Prevention of crime and disorder
- b) Prevention of public nuisance
- c) Public safety
- d) Protection of children from harm

will be considered. Any other grounds must be disregarded.

SECTION 3 - Details of your representation



continue on another sheet if required

SIGNATURE

It is an offence, under Section 158 of the Licensing Act 2003, to knowingly or recklessly make a false statement in connection with this representation. This is punishable, on conviction, by a fine of up to £5,000.

Signed

NAME IN CAPITALS

Date

NOTES

1. Please put the details of your representation in Section 3 and 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.
2. Residents association, Parish or Town Council, District Council Ward Councillor (list residents who have approached you to represent them), trade association.
3. 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 still consider any representations that you have made.
4. 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.
5. Matters in your representation that do not relate to the impact the licensible activities may have on the four licensing objectives will not be considered.

RETURN OF FORM

When completed, please return this form to:

Licensing Team
Stratford-on-Avon District Council
Elizabeth House
Church Street
Stratford-upon-Avon
CV37 6HX

SAVE THE FORM AS A PDF

When completed, please click this button

SEND THE PDF BY EMAIL TO

licensing.applications@stratford-dc.gov.uk