

Representation form

Your name/company name/name of body you represent.	
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. Please state yes or no.	Yes or no	Please detail the evidence supporting your representation. Or the reason for your representation. Please use separate sheets if necessary
The prevention of harm to children		
To prevent public nuisance		
To prevent crime and disorder		
Public safety		

Suggested conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Act Sub Committee to take into account.	
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N.B. If you do make a representation you will be expected to attend the Licensing Act Sub Committee and any subsequent appeal proceeding.

Signed:

Date:

Please return this form along with any additional sheets to: The Licensing Team, Cheshire West and Chester Council, 4 Civic Way, Ellesmere Port, Ch65 0BE or email to licensing@cheshirewestandchester.gov.uk

This form must be returned within the statutory period. Generally 28 days from the day the notice was displayed on the premises or the date specified in the public notice in the newspaper.