

**Representation Form.**

**Responsible Authority.** Please delete as applicable.

Police / Fire / EPT (noise) / Health and Safety / Child Protection / Weights and Measures / Planning Authority.

Your Name	
Job Title	
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.	

Which of the four licensing Objectives does your representation relate to? 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. Please use separate sheets where necessary and refer to checklist.	
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N.B If you do make a representation you will be invited 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 closest to the premises:

<b><u>CHESTER</u></b> The Forum Chester CH1 2HS Tel 01244 402646	<b><u>ELLESMERE PORT</u></b> 4 Civic Way, Ellesmere Port CH65 0BE Tel 0151 3566416	<b><u>VALE ROYAL</u></b> The Drummer Winsford CW7 1AH Tel 01606 862862
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This form must be returned within the Statutory Period. Please check with the Licensing Unit.