

Gloucester City Council

LICENSING ACT 2003

REPRESENTATION FORM – Responsible Authorities

Responsible Authorities are requested, where possible, to forward to the Licensing Authority all relevant evidence in support of their representation at the time of submitting this form.

Your Details

Your Name:	
Name of the organisation you represent:	
Position held:	
Postal Address of the organisation or body you represent:	
Post Code:	
Daytime contact telephone number:	
Email address: (optional)	<i>If you would prefer to correspond via email, please enter your email address.</i>
Full correspondence address if different to above:	

Premises Details

Name of premises you are making representation about:			
Full Postal Address of premises you are making representation about:			
Post Code:		Application Ref. Number. (If known)	

Representation Form - Responsible Authorities

Licensing Team

Gloucester City Council
PO Box2017
Pershore
WR10 9BJ

Tel: 01452 396396
Email: licensing@gloucester.gov.uk
www.gloucester.gov.uk



GLOUCESTER
CITY COUNCIL

Representation details

(Note: Your representation **must** relate to one or more of the four Licensing objectives. Please indicate the objective(s) your representation relates to).

Licensing Objective	Please tick for Yes	Licensing Objective	Please tick for Yes
The prevention of crime and disorder		Public safety	
The prevention of public nuisance		The protection of children from harm	
Please provide details of your representation and any evidence you may have in support of it. <i>(Please continue on a separate sheet if necessary)</i>			

Please suggest suitable conditions that the committee could add to the licence (if granted) to remedy your concerns or if agreed in advance of a hearing by the applicant would allow you to withdraw your representation or enter details of any other matters, not commented on elsewhere relating to your representation that you would like the committee to take into account. *(Please continue on a separate sheet if necessary)*.

Signed:		Dated:	
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Position:	
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