**Swale House, East Street,**



**Sittingbourne, Kent ME10 3HT**

DX59990 Sittingbourne 2

Phone: 01795 417567

www.swale.gov.uk

**Licensing Act 2003**

**REPRESENTATION FORM FROM OTHER PERSONS**

|  |  |  |
| --- | --- | --- |
|  |  |  |

This representation is made by other persons of the premises to be licenced as detailed below:

|  |  |
| --- | --- |
| **Your name** |  |
| **Organisation name OR**  **Name of body you represent** |  |
| **Postal Address** |  |
| **Email address** |  |
| **Daytime contact number** |  |

|  |  |
| --- | --- |
| **Name of premises you are making a representation about** |  |
| **Address of premises you are making a representation about** |  |

**Your representation must relate to one of the four licensing objectives (see note 4)**

|  |  |  |
| --- | --- | --- |
| **Licensing Objective** | **Yes/No** | **Please detail the evidence supporting your representation OR the reason for your representation. Please use a separate sheet of paper if necessary** |
| **Prevention of crime & disorder** |  |  |
| **Public Safety** |  |  |
| **Prevention of public nuisance** |  |  |
| **Protection of children from harm** |  |  |

**SIGNED:**

**DATED:**

**NOTES:**

1. If you do make a valid representation you will be invited to attend a meeting of the Licensing Sub Committee and any subsequent appeal proceeding. If you do not attend, the Committee will still take into consideration any representations that you have made.
2. This form MUST be returned within the Statutory Period, which is 28 days from the date the notice was displayed on the premises OR the date specified in the Public Notice in the newspaper.
3. Representations can only relate to the four licensing objectives:
4. Prevention of crime and disorder
5. Public safety
6. Prevention of public nuisance
7. Protection of children from harm
8. Your representation will be passed to the applicant, to allow them the opportunity of addressing your concerns. Your representations will be published in the report available to the Licensing Committee, which will be made public.
9. Please note that the name and address (excluding house number) of any person that has submitted a representation will ordinarily be disclosed to the applicant and are a matter of public record. Swale Borough Council is unable to accept or take in to account any anonymous representations.
10. Please return this form, when completed, to:

*Licensing Section*

*Swale House*

*East Street*

*Sittingbourne*

*Kent*

*ME10 3HT*

Or by Email to: [licensing@swale.gov.uk](mailto:licensing@swale.gov.uk)