**Please return to:**

The Licensing Team

Milton Keynes Council

Civic Offices

1 Saxon Gate East

Milton Keynes

MK9 3EJ

Email: licensing@milton-keynes.gov.uk

**Notification of Representation**

**Licensing Act 2003**

Licensed Premise Name and Address:

(only 1 can be specified)

Your Name and Address:

Tel: email address:

Do you want someone to represent your views? Yes 􀀀 No 􀀀

If yes please give their name and address below:

Do you consider yourself to live in the vicinity of the premise? Yes 􀀀 No 􀀀

What is the approximate distance between your property and the premise? ………..…metres

Tel: email address:

**Please indicate the grounds under which the objection is made, outline details and any evidence you have:**

Crime and Disorder: Yes 􀀀 No 􀀀

Public Safety: Yes 􀀀 No 􀀀

Public Nuisance: Yes 􀀀 No 􀀀

Protection of children from harm: Yes 􀀀 No 􀀀

**Date:**

**Print Name:**

**Signature:**

**IMPORTANT NOTICE:**

**This information will become a public document and will be sent to the applicant. Representations that request personal details be withheld from the applicant will only be considered in exceptional circumstances**

**Anonymous representations will not be accepted.**

**It is an offence to knowingly or recklessly make a false statement in connection with an application and the maximum fine of £5000 is liable on summary conviction for the offence.**