



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:

Tel: _____ email address: _____

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

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

Crime and Disorder:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Public Safety:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Public Nuisance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Protection of children from harm:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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.

Print Name:

Signature:

Date:
