

**Notification of Representation**

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| Name and Address of the Premises:  Only this premses can be objected to using this form. Further forms can be obtained from the Council. | | | | |
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| Your Name and Address: | | | | |
| Tel | | Email | | |
| Can the Council contact you about your representation? Yes No  If necessary, will you attend a hearing to resolve your concerns? Yes No | | | | |
| Do you want someone to represent you at a hearing? Yes No | | | | |
| If yes, please give your representatives Name and Address: | | | | |
| Tel | | Email | | |
| Please ensure that the person named to represent you is aware of this | | | | |
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| Have you read the application submitted? Yes No | | | | |

Please detail the grounds for your representation as they relate to the following licensing objectives. You do not have to respond to each of the objectives only those which relate to your concern. Please return to the address below or email: [licensing@milton-keynes.gov.uk](mailto:licensing@milton-keynes.gov.uk)

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| 1. Crime and Disorder: Yes No | | |
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| 1. Public Safety: Yes No | | |
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| 1. Public Nuisance: Yes No | | |
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| 1. Protection of children from harm: Yes No | | |
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| **IMPORTANT NOTICE:**  **This representation form will become a public document and will be sent to the applicant (email and telephone will be removed). This is a requirement of the Licensing Act 2003. 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 this application.** | | |
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| Print Name: | Signature: | Date: |