

CITY OF  
*Lincoln*  
COUNCIL

## LICENSING ACT 2003

### Representation by an Interested Party

**Note:** Please be aware that this form may be viewed by the Applicant or by a representative of the Applicant. It may also be read out in public at the sub-committee hearing.

An interested party can make representations against a relevant licence application. Representations may be made on behalf of the above by a representative e.g. MP, solicitor, or a friend.

Please indicate in which capacity you are making this representation by ticking a box below:

- |   |                          |
|---|--------------------------|
| A person living in the vicinity of the premises                 | <input type="checkbox"/> |
| A body representing a person in the vicinity of the premises    | <input type="checkbox"/> |
| A person involved in a business in the vicinity of the premises | <input type="checkbox"/> |
| A body representing a business in the vicinity of the premises  | <input type="checkbox"/> |

Representations are only relevant to an application if they relate to at least one of the four **Licensing Objectives** listed below:

- 1. The Prevention of Crime and Disorder**
- 2. Public Safety**
- 3. Prevention of Public Nuisance**
- 4. The Protection of Children from Harm**

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to the Licensing Authority.

In the case of a closure order issued by the Police, representations may be made during the seven days that follow relevant notice being given to the Local Authority by the Magistrates Court, starting on the day after the day the notice was received.

Please enter contact details of interested party below: -

Name:	
Address:	
Postcode:	
Tel:	
E-mail:	

Please confirm name and address of person or business affected in the vicinity, if different from the address given above:

Name:	
Address:	
Postcode:	

Please provide details of the application to which you wish to make a representation.

Name of Applicant:	
Address of Premises	
Application Details:	

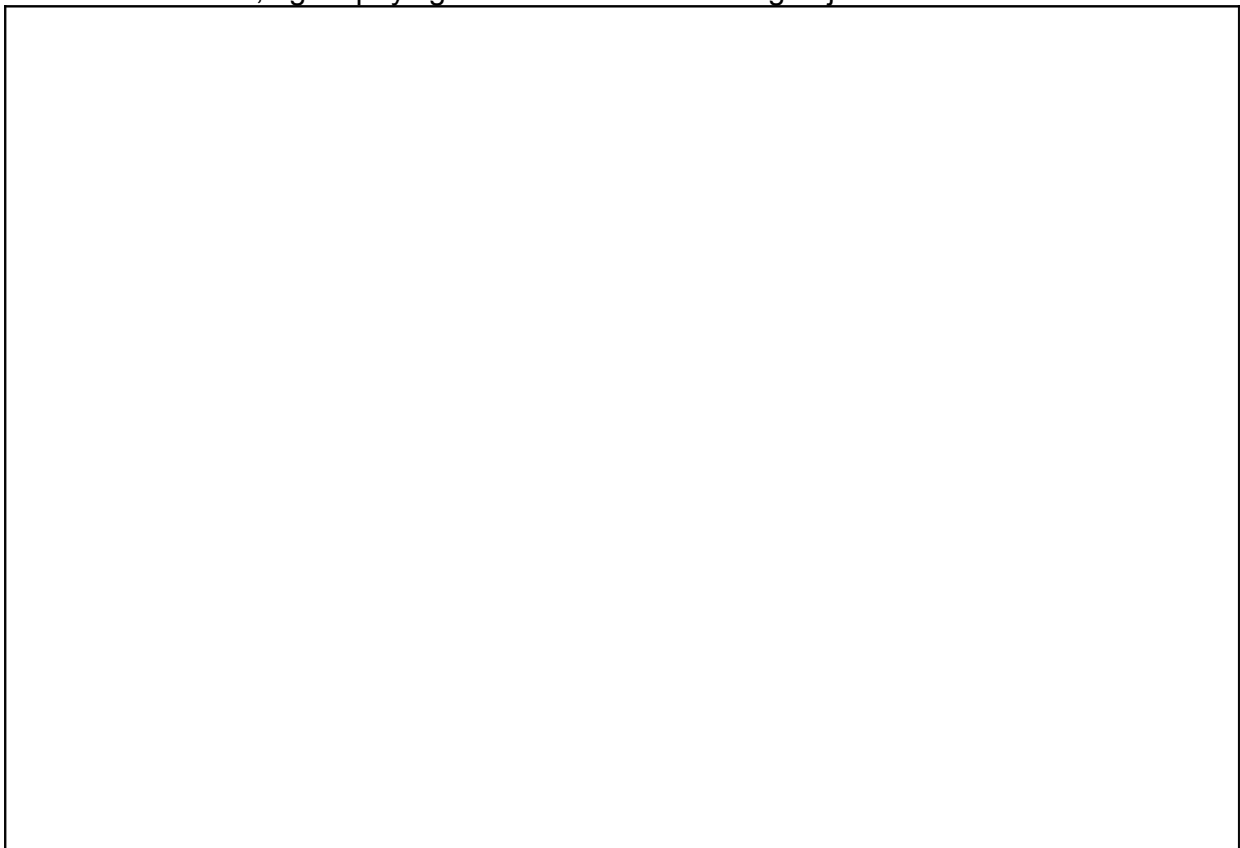
Please give details of your representation in the box below. Indicate which of the Licensing Objectives your representation refers to by ticking the relevant box(es):

- The Prevention of Crime and Disorder**
- Public Safety**
- Prevention of Public Nuisance**
- The Protection of Children from Harm**

Details of representation



If possible please suggest alterations to the application that would resolve the problem mentioned above, again paying attention to the licensing objectives



Once the Licensing Authority has received this form you will receive a written acknowledgment and you may be contacted to discuss the issue prior to any referral to a sub-committee hearing.

Please tick this box if you consent to any notice of any hearing being sent to you to the e-mail address provided by you above.

(Please note if any notice is sent to you by electronic means, you will also receive confirmation of the same in writing).

Please tick this box if you do not intend to attend or be represented at any hearing.

If you wish to withdraw any representations you may do so confirming this in writing to the address given below, providing you do so no later than 24 hours before the any hearing, or otherwise orally at the hearing.

Signed: .....

PRINT NAME:.....

Date: .....

Please return this form to the following address:

Licensing Team  
City of Lincoln Council  
City Hall  
Beaumont Fee  
Lincoln  
LN1 1DB