

## MID DEVON LICENSING AUTHORITY

### Licensing Act 2003: Representation form

**NOTE: This form includes a section to confirm successful mediation between Responsible Authorities and the applicant. This includes the agreement of conditions.**

#### **1. Your details**

Responsible Authority:	
Your Name:	
Job Title:	
Postal address:	
Email address:	
Contact telephone number:	

#### **2. Premises details**

Name of the premises you are making a representation about:	
Name of the applicant:	
Address of the premises you are making a representation about:	

#### **3. Representation information**

<b>Which of the four licensing objectives does your representation relate to?</b>	<b>Yes Or No</b>	<b>Please detail the reason(s) for your representation, including any relevant evidence. This <u>MUST</u> include a clear statement as to why the representation is considered appropriate and necessary. Please use separate sheets if necessary.</b>
To prevent crime and disorder		
Public safety		
To prevent public nuisance		
To protect children from harm		

#### **4. Additional information and mediation**

Do you have any suggested conditions or alterations to the application that would remedy your representation? If so, please list them clearly. Please use separate sheets if necessary.		
If the applicant agrees to the amendments you have set out in the box above, would you be willing to withdraw your representation?	<b>Yes</b>	<b>No</b>
If you agree to withdraw your representation, do you also agree that there is no need for a hearing?	<b>Yes</b>	<b>No</b>
If you are unwilling to withdraw your representation, please detail the reasons for this. This information will be provided to the licensing sub-committee in advance of a hearing.		
Any additional information?		

Signed:

Date:

Please return this form along with any additional sheets to: Mid Devon Licensing Authority, Phoenix House, Phoenix Lane, Tiverton, Devon, EX16 6PP, or email to [licensing@middevon.gov.uk](mailto:licensing@middevon.gov.uk). This form must be returned within the Statutory Period. For more details please check with the Licensing Section on 01884 255255.

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#### **5. Confirmation of agreement**

If an amendment to the application has been agreed between the applicant and the Responsible Authority making the representation, the applicant must sign below to confirm the amendments to the application set out above and their agreement.

Name of applicant:

Signed:

Date: