

**Notification of Representation**

Name and Address of the Premises:

Only this premises can be objected to using this form. Further forms can be obtained from the Council.

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

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)

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

**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.**

Print Name:	Signature:	Date: