**Barking and Dagenham Council Licensing Representation**

Objections must be received within the time limit on the public notice.

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| **Your Name:** |  | |
| **Your Address:** |  | |
| **Proximity to the premises** |  | |
| **Email Contact** |  | |
| **A Resident, or Resident’s representative living within the vicinity of the premises.**  **A Business, operating within the vicinity of the premises.**  **Other *-* Please indicate.** | | |
| **Premises Address** | |  |
| **End of Consultation Date** | |  |

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| **Reason for Submission** | I support the application.  I am opposed to the application. |
| **Objectives:** | Your representation must not be frivolous, vexatious or repetitious and not relate to “general “issues and can also be rejected on the grounds that they are not relevant to the four licensing objectives  The following objective(s) could be undermined  Prevention of Crime & Disorder  Prevention of Public Nuisance  Public Safety  Protection of Children from Harm |
| **Comments:** | You must outline your comments in relation to the ticked Licensing Objective as indicated above. |
| **Declaration:** | The information provided in this form is true to the best of my knowledge. I understand that my representation will be provided to the applicant / licence holder in full, and that my name and reason(s) regarding this application will be published in publicly available committee papers, for which I will be invited to attend. |
| **Signed:** |  |
| **Date:** |  |
| **Email to - licensing@lbbd.gov.uk** | | |