REPRESENTATION FORM

(This is a template for guidance, you can submit your own representation if you so wish)

Your Name	
Postal Address	
Telephone Number	

Name and Address of Premises you are	
making representation about	

Your Representation	Yes	Please detail the evidence supporting your representation or the
must relate to one	or	reason for your representation
or more of the four	No	
objectives below		
Prevention of crime		
and disorder		
Public safety		
Prevention of public		
nuisance		
Protection of		
children from harm		

Signed_____ Date_____

Please return this form with any supporting documents to Licensing Team, Bolton Council, Ground Floor, Town Hall, Bolton, BL1 1RU or <u>licensing.unit@bolton.gov.uk</u>. Your representation will be copied to the premises licence applicant.

The form must be returned within 28 days from the date the premises application was accepted. The date will be specified on the notice displayed on the premises and the public notice in the Bolton News.