QU MI

## LICENSING REPRESENTATION FORM

## Section 1: Licence Application Details

Please tick as appropriate:


I wish to object to the following application

I wish to support the following application

NAME OF APPLICANT:
Catherine Moriarty
PREMISES NAME AND ADDRESS:

> Moriarty 3. Whiting street, Bury st.

POSTCODE: $1 P 33$ IN

## Section 2: Your Details

[If you are acting as a representative, please go to Section 3]

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TITLE: (Mr, Mrs, Miss, Ms, Other (please state))
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ADDRESS:

POSTCODE:
[You must provide your full residential address (or business address if your objection relates to the impact of the licence upon your business premises)]

## SECTION 3: Representative Details

[If you represent residents or businesses, please complete the details below]
NAME OF REPRESENTATIVE/ORGANISATION: Vivien Gaiusborouqh foot
Churchqate Area Association
ADDRESS OF REPRESENTATION/ORGANISATION:
6q. Whitiuq Street
Buuy SK. Eduunds IP33 INR
POSTCODE: $1 P 33$ INR

I AM (tick as appropriate)
$\square$ Representative of residents association

Ward Councillor
$\square$ Other (please specify)

## Section 4: Reason(s) for Representation

Under the Licensing Act 2003, for a representation to be relevant it must set out the likely effect of granting the application on the promotion of the four licensing objectives. Any representations that are considered to be frivolous or vexatious will not be accepted.

It is important that you set out any personal experiences as these will be considered as relevant.

Please fill in the reason(s) for your representation in the space provided below under each of the Licensing Objectives (where relevant). You need to give as much detail as possible so that the Licensing Authority can assess the relevance of your representation. Please attach any supporting documents/further pages as necessary, numbering all additional pages. Try to be as specific as possible and give examples, where possible.

| LICENSING OBJECTIVE | REASON FOR REPRESENTATION |
| :---: | :---: |
| PREVENTION OF CRIME AND DISORDER |  |
| PREVENTION OF PUBLIC NUISANCE | Resideuts is Whiting Street are concorred about noise and request Moriartys to aqree to an additonal condithoi to the hicace that music should not bo audible ar the facade of the neavest residertial properties. |
| PROTECTION OF CHILDREN FROM HARM |  |
| PUBLIC SAFETY |  |

I Fivien Galuiborouqh Factereby declare that all information I have submitted is true and correct

SIGNED:


DATED: $\qquad$

Please send the completed form to the local authority area in which the premises concerned is situated:

Business Regulation and Licensing Team
Forest Heath District Council
College Heath Road
Mildenhall
Suffolk
IP28 FEY

Phone: 01638719733
email: licensing@westsuffolk.gov.uk

IMPORTANT NOTE: This form must be returned within the statutory period which is generally either 10 or 28 working consecutive days from the date the Public Notice was displayed on the premises. Please contact the Licensing for confirmation of this date.

