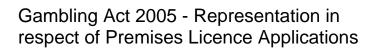
CARDIFF COUNCIL

Representation Submission Form





Details of person or body making representation				
Your Name:				
Your Address:				
Phone No:		Email:		
Details of premises representation is about				
Name of Premises:				
i remises.				
Address of				
premises:				
Type of Premises:	Casino		□ yes	
	Betting Shop		□ yes	
	Adult Gaming Cent	□ yes		
	Family Entertainment Centre		□ yes	
	Other		□ yes	
Application No. (if known)				
(II KIIOWII)				
Please tick one or more of the licensing objectives that your representation relates to:				
Prevention of gambling from being a source of crime and disorder, being associated with crime and disorder or being used to support crime.				
To ensure that gambling is conducted in a fair and open way				
Protection of children and other vulnerable persons from being harmed yes				
or exploited by gambling.				

Please summarise your concerns about this application:				
Please give further details of <u>why</u> you believe this application will have an adverse effect on the licensing objectives				
The licensing authority deals with all representations received in an open and transparent manner. The authority must provide the details of any representation to the applicant. The authority will also provide full details to the Licensing Committee to ensure that members have the full information when determining any application at a hearing. Details of any hearing must be made publically available and will be available on the Council website. By submitting this form you are giving permission for the authority to make the information supplied publically available.				
Return your completed form to:				
By Post:	By Email:			
Licensing Section Cardiff Council Room 161 City Hall	licensing@cardiff.gov.uk			

Cardiff CF10 3ND