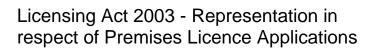
CARDIFF COUNCIL

Representation Submission Form





Details of perso	n or body making r	epresentation	
Your Name:			
Your Address:			
Phone No:		Email:	
Priorie No.		Email.	
	ses representation	is about	
Name of			
Premises:			
Address of			
premises:			
Application No.			
(if known)			
Please tick one or more of the licensing objectives that your representation relates to:			
Prevention of crime and disorder			□ yes
Public Safety			□ yes
Prevention of public nuisance			□ yes
Protection of children from harm			□ yes
			1
Please summarise your concerns about this application:			
Please summari	se your concerns a	about this application:	
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Please summari	se your concerns a	about this application:	

Please give further details of why you believe this application will have an adverse effect on the licensing objectives		
The authority deals with all representations received in an open and transparent		

The authority deals with all representations received in an open and transparent manner. By law 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 Cardiff CF10 3ND licensing@cardiff.gov.uk