

# CARDIFF COUNCIL

## Representation Submission Form

Gambling Act 2005 - Representation in respect of Premises Licence Applications



Details of person or body making representation	
Your Name:	
Your Address:	
Phone No:	Email:

Details of premises representation is about	
Name of Premises:	
Address of premises:	
Type of Premises:	Casino <input type="checkbox"/> yes
	Betting Shop <input type="checkbox"/> yes
	Adult Gaming Centre <input type="checkbox"/> yes
	Family Entertainment Centre <input type="checkbox"/> yes
	Other <input type="checkbox"/> yes
Application No. (if known)	

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.	<input type="checkbox"/> yes
To ensure that gambling is conducted in a fair and open way	<input type="checkbox"/> yes
Protection of children and other vulnerable persons from being harmed or exploited by gambling.	<input type="checkbox"/> yes

**Please summarise your concerns about this application:**

**Please give further details of why 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:

Licensing Section  
Cardiff Council  
Room 161  
City Hall  
Cardiff CF10 3ND

By Email:

[licensing@cardiff.gov.uk](mailto:licensing@cardiff.gov.uk)