



**REPRESENTATIONS ON A CURRENT APPLICATION FOR A GRANT/VARIATION OF A
PREMISE LICENCE/CLUB PREMISES CERTIFICATE UNDER THE LICENSING ACT 2003**

It is essential that you provide your full residential address (or business address if you are objecting from a business). Without this information your representation may not be accepted.

Please note that a full copy of your representation (including your personal details) will be shared with the applicant and summaries of the comments received will also be displayed on our website. You may wish to keep a copy of the completed form for your records.

Section 1 – Licence Application Details

Applicant Name (if known)	
Premises Name and Address	INGLEBY CAFE, BECKFIELDS CENTRE.
I wish to (delete not applicable)	1. Object to the application 2. Support the application

Section 2 – Your Details

Name	A. RAUF
Address (including postcode)	4 CHARTWELL CLOSE, STOCKTON, TS17 0XQ
Email Address	arauf0786@yahoo.co.uk
Telephone Number	

Section 3 – If you represent residents/businesses in the vicinity please complete details below:

Representative or Organisation	
Address (including postcode)	
Details of those you represent	e.g. the residents of ...

Please delete not applicable

- Representative of Residents Association Ward
- Councillor
- Parish Council MP
- Trade Association
- Other (please specify)

Section 4 – Representation Grounds

The representation is relevant to one or more of the following licensing objectives Please delete not applicable	1. Prevention of Crime and Disorder
	2. Prevention of Public Nuisance
	3. Protection of Children from Harm
	4. Public Safety

Please delete not applicable:

- 1. I object to the application being granted at all
- ~~2. I object to the application being granted in its current form and tell us what changes you would prefer to see~~