## **Licensing Act 2003**

## Responsible authority representation form

Police/fire/environmental health/health and safety/child protection/trading standards/planning authority/Health and Safety Executive/vessels (Please delete as applicable)

Name	LAVINIA	CLARENCE	1 8 JAN 2023	
Job title				
Postal and email address				
Telephone				

Name and address of premises for which the representation is being made:

The Pavilion, Llanfair Warterdine, Knighton. LD7 2TU

Which of the four licensing objectives does it relate to?

Please detail the evidence sup (Please use separate sheets if		epresentation or	the reason for your representation.
The prevention of harm to ch	ldren		
I AM BASIN	5 my t	POSGCCIOA	ON THE POINTS
RAISED BY	MCHACL	. TREE 30, LLANY	CAIR WATERHINE
AND WOULD	LIKE 1	tim To	REPRESENT ME
To prevent public nuisance			
	1		17
To prevent crime and disorde	r 1	1	1

11

Public safety

Suggested conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account. Please use separate sheets where necessary.

11

nb – if you do make a representation you will be expected to attend the licensing sub-committee and any subsequent appeal proceedings. Unless you and all parties agree that the application can be dealt with, without a hearing.



11

15.1.23

Please return this form along with any additional sheets to the address below:

Licensing Department
Public Protection
Shiropshire Council
Shirehall
Abbey Foregate
Shrewsbury SY2 6ND

This form must be returned within the statutory period, which is generally 28 days from the date the notice was displayed on the premises or the date specified in the newspaper advert. For confirmation on this date please contact the Licensing Department on 0345 678 9026