

REPRESENTATION FORM

Interested person/business/representative body in the vicinity of the premises

Your Name/company name/or name of body you represent (Required)		
Postal address and email address (Required)	Click or tap here to enter text.	
Contact Telephone number (Required)	Click or tap here to enter text.	
Name of premises you are making a representation about	Silks	
Address of the premises you are making the representation about	177-181 rushey green, catford, se6 4bd	
Your representation must relate to one or more of the four objectives below		Please detail the evidence supporting your representation or the reason for your representation.
The Prevention of harm to Children	I have children and they are scared when this venue is open as I have to walk passed it and upstairs	Click or tap here to enter text.
To prevent Public Nuisance	Too much noise and crime	Click or tap here to enter text.
To Prevent Crime and Disorder	This venue has lots of crime and disorder	Click or tap here to enter text.
Public Safety	I am unsafe. My children unsafe. Please help to not open venue again.	Click or tap here to enter text.
Suggested conditions or amendments that could be added to the licence to remedy your representation	No suggested conditons. Do not give license.	Click or tap here to enter text.

N.B. If you make this representation you will be expected to attend the Licensing Committee hearing and any subsequent appeal proceedings.

Signed___

Date

Please return this form along with any additional sheets to <u>licensing@lewisham.gov.uk</u>, alternatively you can post this to: Lewisham Licensing Authority, Holbeach Office, 9 Holbeach Road, SE6 4TW.

All personal information provided will be redacted except your surname. Your representation if approved as relevant by a council officer, will then be copied to the holder of the premises licence or the person making the application, whoever is appropriate. This form must be returned within 28 days from the date specified on the blue notice displayed on the premises.