| Your name/organisation name/name of <br> body you represent |  |
| :--- | :--- |
| Postal and email address | REDACTED |
| Contact telephone number | REDACTED |



Your representation must relate to one of the four Licensing Objectives (see note 2)


Please suggest any 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 (see note 2).


Signed:
Please see ny
Date:

