



LICENSING ACT 2003

REPRESENTATION FORM FROM INTERESTED PARTIES

This representation is made by an Interested Party regarding the premises to be licensed as detailed below:

Your name/organisation name/name of body you represent (see note 3)	CLL R TREVOR CLARKE
Organisation name/name of body you represent (if appropriate) (see note 3)	MEDWAY COUNCIL
Postal address	
Email address	
Daytime contact telephone number	

Name of the premises you are making a representation about	BEA STORES
Address of the premises you are making a representation about	WASTED RETAIL PARK.

Your representation must relate to one of the four Licensing Objectives (see note 4)

LICENSING OBJECTIVE	Yes or No	Please detail the evidence supporting your representation or the reason for your representation. Please use separate sheets if necessary
Prevention of crime and disorder	Yes	
Public safety	Yes	
Prevention of public nuisance	Yes	THE OPERATING HOURS MUST NOT EXCEED THOSE GRANTED TO ALDI AND MUST BE BARGAINED TO PREVENT LATE NIGHT AND SUNDAY PM NOISE AND DISTURBANCE TO LOCAL RESIDENTS.

Protection of children from harm	Yes	
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Please suggest any conditions that you think could be added to the licence to remedy your representations or other suggestions you would like the Licensing Sub Committee to take into account	<p>KEEP THE OPENING HOURS THE SAME AS THE STORES ON THE NORTHERN PART OF THE AFTAIL PARK.</p>
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SIGNED:

DATED: 20/03/25.

NOTES

1. If you do make a representation you will be invited to attend a meeting of the Licensing sub Committee and any subsequent appeal proceeding. If you do not attend, the Committee will consider any representations that you have made.
2. This form must be returned within the Statutory Period, which is 28 days from the date the notice was displayed on the premises or the date specified in the Public Notice in the newspaper. Please contact the Licensing Section if you are in doubt about the date.
3. They can only relate to the four licensing objectives.
4. Your representation will be passed to the applicant, to allow them the opportunity of addressing your concerns. Your representations will be published in the report available to the Licensing Committee, which will be publicly available.
5. Please return this form when completed to:

Gravesham Borough Council
 Licensing Team
 Civic Centre
 Windmill Street
 Gravesend
 Kent
 DA12 1AU

Tel: 01474 33 76 51

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