

Mid Devon District Council – Licensing Act 2003

REPRESENTATION FORM

This representation is made about the premises to be licensed as detailed below:

Your full name	Simon Kingston
The name of the organisation / body you represent (if appropriate)	
Postal address	GULMOOR, UPLOWMAN TIVERTON EX16 7DR
Email address	Simon@kingstonke.co.uk
Contact telephone number	07968 078664

Name of the premises you are making a representation about	SIPSHED
Address of the premises you are making a representation about	Post Office, Crossways Uplowman EX16 7DP

Your representation must relate to one of the four Licensing Objectives

Licensing Objective	Yes Or No	Please detail the evidence supporting your representation or the reason for your representation. Please use separate sheets if necessary
To prevent crime and disorder		
Public safety		Concerned regarding additional parking on the crossroads in the village
To prevent public nuisance		concerned regarding noise levels in the village centre late at night
To protect children from harm		

If you are making a representation against a new application or full variation, 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).	
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Signed:



Date:

10/5/22

Please see notes on reverse