

**CENTRAL BEDFORDSHIRE COUNCIL**  
Licensing Act 2003

## REPRESENTATION FORM FROM RESPONSIBLE AUTHORITIES

**Responsible Authority** (please delete as applicable):

Police / Fire / Environmental Protection / Health and Safety / Child Protection / Weights and Measures / Planning Authority/Public Health

<b>Your Name</b>	Imogen Best
<b>Job Title</b>	Trading Standards Officer
<b>Postal and email address</b>	Priory House, Monks Walk, Chicksands, Shefford SG17 5TQ <a href="mailto:Imogen.best@centralbedfordshire.gov.uk">Imogen.best@centralbedfordshire.gov.uk</a>
<b>Contact telephone number</b>	0300 300 6017

<b>Name of the premises you are making a representation about</b>	The Perfume shop
<b>Address of the premises you are making a representation about</b>	Unit 1, Prologis Par, Areson Way, Dunstable LU5 4RZ

<i>Which of the four licensing Objectives does your representation relate to?</i>	<i>Yes Or No</i>	<i>Please detail the evidence supporting your representation. Or the reason for your representation. Please use separate sheets if necessary</i>
Prevention of crime and disorder		
Public safety		
Prevention of public nuisance		
Protection of children from harm	Yes	The application relates to the premises acting as a distribution centre for online sales of alcohol. I feel that the information provided in order to satisfy this condition does not give sufficient details to explain the procedures and checks that should be put into place by the company to ensure that alcohol is not supplied to purchasers under the age of 18.

<b>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 and refer to checklist.</b>	None
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Signed: 

Date: 18/2/16