

REPRESENTATION FORM

This representation is made by the following person/organisation/body in relation to the licensing application for the premises detailed below

Your name/organisation name/name of body you represent	CHRISTILDE SARA LOCKEY GARY STOCKER
Organisation name/name of body you represent (if appropriate)	
Postal and email address	73A VICARAGE ROAD WATFORD WD18 0EJ clocilde@feasts.com
Contact telephone number	07860 30 2095

Name of the premises you are making a representation about	SEU CAFE
Address of the premises you are making a representation about.	26, VICARAGE ROAD, WATFORD

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
To prevent crime and disorder	YES	THERE HAVE ALREADY BEEN INCIDENTS OF FIGHTING SINCE THESE PREMISES OPENED & I BELIEVE THE LOCAL CONSTABULARY WERE INVOLVED
Public safety	YES	PLEASE SEE ATTACHED LETTER.
To prevent public nuisance	YES	PLEASE SEE ATTACHED LETTER
To protect children from harm		

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 7)	
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