

**Nigel Houlston    Trading Standards and Civil  
Resilience Manager**

**Trading Standards  
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PO Box 212  
Telford, TF3 4LB**

Email: [licensing@telford.gov.uk](mailto:licensing@telford.gov.uk)  
Or: [Mena.gosling@telford.gov.uk](mailto:Mena.gosling@telford.gov.uk)

**Contact:** Mena Gosling

**Telephone:** 01952 383267

**Fax:** 01952 381993

**Your Ref:**

**Our Ref:**

**Date:** 25 June 2009

Dear Sir/Madam

**Re: Licensing Act 2003 - Statement of Licensing Policy - Consultation**

Telford and Wrekin Council is consulting on the Statement of Licensing Policy issued under the Licensing Act 2003.

I write to inform you that further to initial consultation last year, the Licensing Act 2003 Statement of Licensing Policy has been revised. The consultation on the revisions commences on Monday 29<sup>th</sup> June 2009.

You are invited to submit any comments you have in relation to the policy on the enclosed response form **by 5:00pm on Monday 14<sup>th</sup> September 2009.**

The current statement of Licensing Policy is available on the Council's website at [www.telford.gov.uk](http://www.telford.gov.uk) . Comments can also be made in respect of the proposed policy by e-mailing [consultationlicensing@telford.gov.uk](mailto:consultationlicensing@telford.gov.uk).

I would like to thank you for taking time to participate in this consultation exercise and look forward to receiving your comments.

Yours faithfully

**Mena Gosling  
Licensing Technical Officer  
Licensing – Regulation and Resilience**

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20 06 09

# CONSULTATION RESPONSE FORM

## LICENSING ACT 2003

1. Name:	
2. Address:	
E-mail:	
3. If replying on behalf of an Organisation or Association, please insert details and address:	
4. If you have any comments about the proposed Statement of Licensing Policy, please provide them below (Continue on a separate sheet, if necessary)	

**Please return this form to:** Licensing Operations Manager, Telford & Wrekin Council, PO Box 212, Darby House, Lawn Central, Telford. TF3 4LE or by e-mail [Consultationlicensing@telford.gov.uk](mailto:Consultationlicensing@telford.gov.uk) **no later than 5pm on Monday 14<sup>th</sup> September 2009**  
Any responses will normally be made available to the public.





**MONITORING FORM**

(Amended in 2005 further to the Disability Discrimination Act 1995)

We would like to measure the effectiveness of this consultation, but to do so will need to collect information on people who submit responses.

It would assist us if you would please complete the details below and return the form to us with your consultation response.

Some of the information you give on this form may be considered sensitive personal data under the Data Protection legislation and by completing and returning this monitoring form, you will be deemed to be giving your explicit consent to the processing of the data for Equality Monitoring purposes.

Please complete in **BLOCK CAPITALS**

**FULL NAMES**

(including first name(s) and surname/family name)

**PREVIOUS NAME**

**PREFERRED TITLE** ..... If other please specify:

**DATE OF BIRTH**

**PLEASE TICK RELEVANT BOX**

**AGE:** 16-18  19-35  36-49  50-59  60-65  over 65

**GENDER:** Male  Female

**ETHNIC ORIGIN:**

<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Mixed</b>	<b>White</b>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	British <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Any other black <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any Other white <input type="checkbox"/>
Any other Asian <input type="checkbox"/>	background	Any other mixed <input type="checkbox"/>	background
background		background	

**Other Ethnic Groups**

Chinese

**DISABILITY:**

The Disability Discrimination Act, 1995 defines a person with a disability as someone who has "a physical or mental impairment which has a substantial and adverse, long term effect on his or her ability to carry out normal day-to-day activities".

Under this definition do you consider yourself to have a disability?

**English**

If you find the text in this document difficult to read we can supply it in a format better suited to your needs. Please ask someone who speaks English to contact the telephone number below.

**Punjabi**

اگر آپ کو اس دستاویز کا متن پڑھنے میں دشواری محسوس ہو تو ہم اسے ایسی شکل میں مہیا کر سکتے ہیں جو آپ کی ضرورتوں کے عین مطابق ہو۔ براہ مہربانی کسی انگریزی بولنے والے شخص سے درج ذیل نمبر پر رابطہ کرنے کے لئے کہیں۔

**Urdu**

اگر آپ کو اس دستاویز کا متن پڑھنے میں دشواری محسوس ہو تو ہم اسے ایسی شکل میں مہیا کر سکتے ہیں جو آپ کی ضرورتوں کے عین مطابق ہو۔ براہ مہربانی کسی انگریزی بولنے والے شخص سے درج ذیل نمبر پر رابطہ کرنے کے لئے کہیں۔

**Chinese**

如果您觉得这份文件中的内容不便阅读，我们可以提供更符合您需要的格式。请安排一位会说英语的人士拨打以下电话号码与我们联系。

**Polish**

Jeśli masz trudności z przeczytaniem tego dokumentu, możemy go dostarczyć w formacie, który będzie dla Ciebie łatwiejszy do odczytania. Aby go otrzymać, poproś znajomego, który mówi po angielsku, aby zadzwonił na poniższy numer:

