Authorisation for Representative to Act on my Behalf.

Name of applicant / licence holder …………………………………………………………..

Address of applicant / licence holder …………………………………………………………

…………………………………………………………………………………….....................

…………………………………………………………………………………….....................

This authorisation certifies that the below named person/s are authorised to represent me for the purposes of this application/licence. Please state details of the application/licence e.g. badge, plate number, premises or state application reference:

…………………………………………………………………………………………………

This will mean that the representative will have access to personal and sensitive personal data about myself necessary as part of the application process including finance information, criminal history and medical information.

Name of representative (including company name) …………………………………………..

……………………………………………………………………………………………………..

If your representative relates to a company please detail the name of individuals and

positions held from the company (if known)…………………………………………………...

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…………………………………………………………………………………………………

Address of representative: …………………………………………………….……………..

…………………………………………………………………………………….....................

Email address of representative: …………………………………………………………….

This authorisation is in place for the following period:

- ☐ Application period
- ☐ Licence period
- ☐ Other (please specify end date of authorisation) …………………………………

Licensing Team
Licensing Team (Temple Street), Bristol City Council, PO Box 3399, BRISTOL BS1 9NE

Jonathan Martin
Licensing and Trading Standards Manager

Website
www.bristol.gov.uk

Licensing/admin/templates/authorisation letter final

Please note the maximum period an authorisation may be in place is 1 year from the date of signature of the applicant.

It is your responsibility to ensure that any personal data held about you by your authorised representative is deleted and/or returned to you. Please note representatives will need your name, address and date of birth to discuss your application/licence.

I understand that if I wish cancel this authorisation I must notify the Licensing Team in writing.

I authorise (name of representative)……………..…………………………………………….

to represent me for the purposes of the application/licences as detailed above

Signature of applicant: ………………………………………..

Date: ……………………………………

Cancellation of authorisation

I wish to cancel the authorisation for (name of representative) ……………………………...

……………………………………………………………………………………………………….

who will no longer be representing me from (insert end date of authorisation)

…………………………………..

Signature of applicant: ………………………………………..

Date: ……………………………………