

**Licensing Policy Consultation**  
**Licensing Act 2003**  
**Statement of Licensing Policy for 2019-2024 and proposed renewal**  
**of Cumulative Impact Assessment Bridgend Town Centre**

**Data protection**

Information provided by you on this form will be used to inform the publication of a Statement of Licensing policy including a Cumulative Impact Assessment (CIA). The Council will take all reasonable precautions to ensure confidentiality and to comply with data protection legislation. Your information may be shared with the Licensing team for the purposes of reviewing the Licensing Act 2003 Statement of Policy. Your information will be retained in accordance with the Council's Data Retention Policy.

You have a number of rights under data protection legislation. You may also withdraw your consent and ask us to delete your personal information at any time by contacting us. Further information about this is available on our website or you may contact the Data Protection Officer.

If you are dissatisfied with the manner in which we process your personal data then you have the option to make a complaint to the Data Protection Officer and the Information Commissioner's Office.

Name:

Contact details:

Are you (please tick):

- License holder
- Trade representative
- Member of the public
- Other interested party

Other interested party (please specify).....

Were you aware that a cumulative impact policy has been in force in Bridgend Town Centre?

- Yes
- No

Do you agree that the Council should consider maintaining this policy to limit the number of new licensed premises in Bridgend Town Centre?

- Yes
- No

Which of the following have had an impact on you when visiting licensed premises Bridgend Town Centre? **Please select all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Anti social behaviour             | <input type="checkbox"/> Criminal activities |
| <input type="checkbox"/> Littering                         | <input type="checkbox"/> On street drinking  |
| <input type="checkbox"/> Street fouling/lavatory provision | <input type="checkbox"/> Violent behaviour   |
| <input type="checkbox"/> Concentration of drinkers         | <input type="checkbox"/> Street cleansing    |

Is this usually during the daytime or night time or both?

- Day Time
- Night Time
- Both

To help us inform policy regarding types of premises, please indicate whether these issues related to a particular type of licensed premises?

**Please select all that apply**

- Public House
- Night Club
- Late Night Takeaway
- Restaurant
- Off-Licence

Do you have any evidence of the negative impact of licensed premises in Bridgend Town Centre? Please identify the particular type of premises if appropriate (public house, night club, takeaway, off-licence)

Do you have any further comments?

Would you like to be notified once the final report is available?

Yes

No

If 'yes', please provide your email address:

## Equalities monitoring

In order to help us ensure that we are providing services fairly to everyone who needs them, we would be grateful if you could answer a few more questions about yourself.

The information you supply will be kept confidentially and will only be used for the purposes of equalities monitoring.

**Completion of these questions is not required as part of the questionnaire. You do not have to answer any of the questions if you do not wish to do so. Alternatively, you can choose to answer some and not others by selecting the 'prefer not to say' options.**

**Are you happy to answer a few more questions about yourself?**

Yes

No

**Please select your age category.** Please select one option only.

Under 18

35 - 44

65 - 74

18 - 24

45 - 54

75+

25 - 34

55 - 64

Prefer not to say

**Do you consider yourself to be disabled? Please select one option only.**

Yes (please type in box below)

No

Prefer not to say

Please type in the box below

**How would you describe your nationality? Please select one option only.**

Welsh

English

Scottish

Northern Irish

British

Other (please type in the box below)

Prefer not to say

**What is your ethnic group? Please select one option only.**

White

Mixed / multiple ethnic groups

Asian or Asian British

Black/African/Caribbean/black

British

Other ethnic group

Prefer not to say

**What is your religion or belief? Please select one option only.**

No religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other (please type in the box below)

Prefer not to say

**What is your gender? Please select one option only.**

Male

Female

Transgender

Prefer not to say

**Are you pregnant? Please select one option only.**

Yes

No

Prefer not to say

**Have you given birth within the past 26 weeks? Please select one option only.**

Yes

No

Prefer not to say

**What is your sexual orientation? Please select one option only.**

Heterosexual / straight

Bisexual

Gay man

Other

Gay woman / lesbian

Prefer not to say

**What is your marital status? Please select one option only.**

Single

Partnered

Married

Civil partnered

Divorced

Widowed

Prefer not to say

**Are you able to...**

**Please select one option per row.**

	Not at all	A little	Fairly well	Fluently	Prefer not to say
speak Welsh					
read Welsh					
write Welsh					

**Thank you**