

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**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Public House | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Off-Licence |
| <input type="checkbox"/> Late Night Takeaway | |

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	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
18 - 24	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	75+	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

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	<input type="checkbox"/>	British	<input type="checkbox"/>
English	<input type="checkbox"/>	Other (please type in the box below)	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>		

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

White	<input type="checkbox"/>	Black/African/Caribbean/black British	<input type="checkbox"/>
Mixed / multiple ethnic groups	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

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

- | | | | |
|-------------|--------------------------|---------------------------|--------------------------|
| No religion | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Other (please type in the | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | box below) | |
| Jewish | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

What is your gender? Please select one option only.

- | | | | |
|--------|--------------------------|-------------------|--------------------------|
| Male | <input type="checkbox"/> | Transgender | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

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 | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Gay woman / lesbian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

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

- | | |
|-------------------|--------------------------|
| Single | <input type="checkbox"/> |
| Partnered | <input type="checkbox"/> |
| Married | <input type="checkbox"/> |
| Civil partnered | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> |
| Widowed | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

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