



Licensing Team
Mid Suffolk District Council
 131 High Street, Needham Market
 IPSWICH, Suffolk IP6 8DL
 Main Switchboard: **0300 123 4000**
 Website: www.midsuffolk.gov.uk

ATTENDANCE AT HEARING NOTICE

(Section 17 NEW application)

For completion by Licensing Authority:

Application type:	Section 17 for GRANT of NEW Premises Licence	Application received:	27 March 2017
Premises/Applicant:	Aspall Cyder Limited		
Address:	The Cyder House, Aspall Hall, STOWMARKET, Suffolk IP14 6PD		

For completion by YOU:

Please tick box to indicate whether you are:

Applicant:	<input type="checkbox"/>
Objector:	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

		YES	NO
Q1.	Do you intend to attend the hearing? (Note: If you wish to withdraw your representation, you should notify the Licensing Authority as soon as possible)	<input type="checkbox"/>	<input type="checkbox"/>
Q2.	Will you be bringing someone to speak on your behalf? (If YES to above please specify name and occupation of speaker):	<input type="checkbox"/>	<input type="checkbox"/>
Q3.	Do you consider the hearing to be necessary? (Note: The Licensing Authority may dispense with the hearing if all parties agree)	<input type="checkbox"/>	<input type="checkbox"/>
Q4.	Please give an estimate (in minutes) of how long you believe you will need to make your points concerning this application?	minutes

If you want any other person to attend as a witness to support you (other than the person whom you intend to represent you), complete the box below in order to comply with the hearings procedure:

Describe in the space below the matter(s) on which this person be giving evidence on in relation to this application, representation or notice. Please use continuation sheet/reverse if necessary:	
YOUR NAME:	
SIGNATURE:	Date:

Please complete and return this form not later than
FIVE WORKING DAYS before the hearing date