



**Licensing Authority
Babergh District Council**
 Endeavour House, 8 Russell Road, IPSWICH IP1 2BX
 DX NO: 85055 Exchange: Babergh
 Main Switchboard: **0300 123 4000**
 Website: www.babergh.gov.uk
 email: licensingteam@baberghmidsuffolk.gov.uk

ATTENDANCE AT HEARING NOTICE

(Application for the **SUMMARY REVIEW** of premises licence under **Section 53A**)

For completion by Licensing Authority:

| | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------|-----------------|
| Application type: | Summary Review application (Section 53A of the Licensing Act 2003) | Application no: | BPL0008 |
| Premises: | The Angel Hotel Market Place, Lavenham SUDBURY CO10 9QZ | Date of Application: | 12 January 2018 |
| Name and address of premises licence holder: | John Michael Raines The Angel Hotel, 18 Market Place, Lavenham, SUDBURY, Suffolk CO10 9QZ | | |

For completion by YOU:

Please tick box to indicate whether you are:

| | |
|--------------------------------------|--------------------------|
| Suffolk Constabulary: | <input type="checkbox"/> |
| Premises Licence Holder: | <input type="checkbox"/> |
| Responsible Authority: | <input type="checkbox"/> |
| Other person (e.g. resident): | <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? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (If YES to above please specify name and occupation of speaker): | <input type="text"/> | |
| Q3. | 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), please 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: | |
| <input type="text"/> | |
| YOUR NAME: | <input type="text"/> |
| SIGNATURE: | <input type="text"/> |
| Date: | <input type="text"/> |

Please complete and return this form not later than
TWO WORKING DAYS before 7 February 2018