



**Licensing Team**  
**Mid Suffolk District Council**  
 Endeavour House, 8 Russell Road, Ipswich  
 IP1 2BX  
 Tel: 0300 123 4000  
 Website: [www.midsuffolk.gov.uk](http://www.midsuffolk.gov.uk)

**ATTENDANCE AT HEARING NOTICE**  
 (Section 34 Application to VARY a premises licence)

**For completion by Licensing Authority:**

<b>Application type:</b>	Section 34 VARY Ref: MPL0353	<b>Application date:</b>	4 <sup>th</sup> January 2018
<b>Premises:</b>	The Limes Hotel, 99 High Street, Needham Market, IP6 8DQ		
<b>Applicant   Address:</b>	Elizabeth Holdings PLC, Merchant House, 33 Fore Street, Ipswich IP4 1JL		

**For completion by YOU:**

Please tick box to indicate whether you are:

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

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

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