

COMMENT ON LIQUOR LICENSE APPLICATION FORM

**Please complete the information below and return to Subcouncil SC20
Alphen Centre Constantia Main Road Constantia 7800**

Applicant Details	LLA1703001	Embassy Hill	
APPLICATION	SUPPORTED	NOT SUPPORTED	
Please indicate whether the business is LOCATED near	Aged or Frail Care Centre		
	Rehab, Drugs / Alcohol Centre		
	School(s)		
	Other		
PARKING			
REASONS FOR NOT SUPPORTING			
NOTE: The detailed reasons for opposing an application should be sound town planning or community issues and not moral opposition. See Criteria above for guidelines			
ORGANISATION DETAILS			
NAME		SIGNATURE	
DATE		CONTACT NUMBER	