



ANNEX 1

LICENSING ACT 2003 (HEARINGS) REGULATIONS 2005, REGULATION 8

You must complete and return this form to Democracy Support Group, Guildhall, York, YO1 9QN, or fax (01904 551035) by no later than five working days before the date of the hearing. Please use block capitals and tick all that apply.

Name and address of Premises:

Date of Hearing:

Application Ref No:

Your Name:

Daytime Tel No:

Address:

Organisation (if applicable):

I will be attending the hearing and I want / do not want to address the Sub-Committee (please delete as appropriate)

I will be represented at the hearing by:
(eg Solicitor / Ward Councillor - Please contact them directly to arrange)

Telephone: (0)

Email:

I will not be attending the hearing I consider a hearing unnecessary

I want to withdraw the application / notice / representations I have made

I would request that these people be allowed to appear at the hearing for me as witnesses*:

Full Name	What information will they give ?

*NOTE: You must seek permission and make arrangements for any people attending the hearing on your behalf.

I do NOT require my Personal Details to be kept confidential within the Agenda**

I will be attending the hearing and would like a copy of the Agenda**

**NOTE: To ensure your requests are dealt with, you must return this form to us no later than 5pm on

Signed:

Date:

Please Print Name: