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| **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** | LLA21080052 | **BP Rosmead / PnP Express Rosmead Grocer's wine** | | |
| 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 |  |
| ADDRESS |  | | | |
| DATE |  | | CONTACT NUMBER |  |
| For ease of reference community organisations/residents may submit comments to this office, to aid in the decision taken by this SubCouncil.  Written comment in respect of the attached notice[s] of application[s] | | | | |
| must reach this office before or on | | **2021/09/02** | at close of business [16h30]. | |
|  |  |  |  |  |