

**COMMENT ON LIQUOR LICENSE APPLICATION FORM**

**Please complete the information below and return to Subcouncil SC16  
11th Floor 44 Wale Street Cape Town 8000**

<b>Applicant Details</b>	LLA19090019	<b>Lobey Fiesta</b>		
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				
<b>ORGANISATION DETAILS</b>				
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 **2019/10/03** at close of business [16h30].