

OBJECTION TO ALCOHOL LICENCE

To:	South Waikato District Licensing Committee Secretary South Waikato District Council Torphin Crescent Private bag 7 Tokoroa 3444
Date:	
Name of Objector::	
Address of Objector:	
Contact Number of Objector:	
Contact Email of Objector:	
Licence Number Objecting to:	
Premises Name:	
Premises Address:	
Dear Sir/Madam I wish to object to the above stated alcohol Licence. I have an interest in this application that is greater than the general public because	
<u>Objection</u> Grounds for Objection: Reasons for Objection:	

My concerns are the following:

Objection

Grounds for Objection:

Reasons for Objections:

My Concerns are the following:

Objection

Grounds for Objection:

Reasons for Objections

My concerns are the following

Objection

Grounds for Objection:

Reasons for Objections

My concerns are the following

Objection

Grounds for Objection:

Reasons for Objections

My concerns are the following

Objection

Grounds for Objection:

Reasons for Objections

My concerns are the following

Objection

Grounds for Objection:

Reasons for Objections

My concerns are the following

Signed _____

Office use only	
Date Received	Received by