



**Licensing Section**  
**Babergh District Council**  
 Corks Lane, Hadleigh, IPSWICH IP7 6SJ  
 DX NO: 85055 Exchange: Babergh  
 Main Switchboard: **01473 822801**  
 Website: [www.babergh.gov.uk](http://www.babergh.gov.uk)

**ATTENDANCE AT HEARING NOTICE**  
 (Application for a NEW premises licence)

**For completion by Licensing Authority:**

<b>Application type:</b>	Premises licence (NEW) section 17	<b>Application no:</b>	LA03/002051
<b>Premises:</b>	Chatney Mary (Indian Restaurant) 2 Church Street LAVENHAM CO10 9QT	<b>Date of Application:</b>	25 April 2007
<b>Name and address of Applicant:</b>	Messrs Luthfur Rahman & Fazlur Rahman 45 Devitt House, Poplar, LONDON E14 0DD		

**For completion by YOU:**

Please tick box to indicate whether you are:

<b>Applicant:</b>	<input type="checkbox"/>
<b>Responsible Authority:</b>	<input type="checkbox"/>
<b>Interested Party:</b>	<input type="checkbox"/>

		YES	NO
<b>Q1.</b>	<b>Do you intend to attend the hearing?</b> (Note: If you wish to withdraw your representation, you should notify the Licensing Authority as soon as possible)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q2.</b>	<b>Will you be bringing someone to speak on your behalf?</b>  (If YES to above please specify name and occupation of speaker):	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q3.</b>	<b>Do you consider the hearing to be necessary?</b> (Note: The Licensing Authority may dispense with the hearing if all parties agree)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q4.</b>	<b>Please give an estimate (in minutes) of how long you believe you will need to make your points concerning this application?</b>	.....	minutes

If you want any other person to attend as a witness to support you (other than the person whom you intend to represent you), complete the box below in order to comply with the hearings procedure:

<b>Describe in the space below the matter(s) on which this person be giving evidence on in relation to this application, representation or notice. Please use continuation sheet/reverse if necessary:</b>

<b>YOUR NAME:</b>	 
<b>SIGNATURE:</b>	 
<b>Date:</b>	 

Please complete and return this form not later than  
**FIVE WORKING DAYS** before **7 June 2007**