

LIQUOR CONTROL ACT 1988
Section 117

COMPLAINT ABOUT NOISE, DISTURBANCE ETC

To the Director of Liquor Licensing

Please print neatly in **BLOCK LETTERS**

1. CONTACT DETAILS FOR THE COMPLAINT

(a)	Full name: _____
(b)	Postal address for service of documents: _____ _____ Post Code: _____
(c)	Daytime contact Name: _____ Telephone number: () _____ Mobile: _____ Email Address: _____

2. DETAILS OF LICENCE COMPLAINED AGAINST

(a)	Licence number: _____
(b)	Name of Licensed Premises: _____
(c)	Address of Licensed Premises: _____ _____ Post Code: _____
(d)	Name of Licensee: _____

3. STATUS OF COMPLAINANT

The complainant lodges this complaint:-	
<input type="checkbox"/>	as or on behalf of the Commissioner of Police
<input type="checkbox"/>	on behalf of _____ being the council of the municipality in which the licensed premises are situated
<input type="checkbox"/>	on behalf of _____ being the council of the municipality adjacent to the licensed premises
<input type="checkbox"/>	as a person claiming to be adversely affected by the subject matter of the complaint. (Please note that a complaint may only be made by three or more unrelated persons, unless special circumstances apply.)

4. DETAILS OF COMPLAINT

Outline the matters which have given rise to the complaint or attach a submission detailing these matters: _____

**Please attach separate additional pages if the space here is not enough*

5. DECLARATION

This complaint about noise and disturbance is hereby made in accordance with, and on the basis of the information set out above.

Dated the _____ day of _____ / _____

IDENTITY OF COMPLAINANT - LIST AT LEAST THREE UNRELATED ADULT INDIVIDUAL PERSONS:-

Name of Complainant 1 *(please print clearly)* _____ **Signature of Complainant 1** _____

(b) Postal address for service of documents: _____

_____ Post Code: _____

(e) Daytime contact Name: _____

Telephone number: () _____

Name of Complainant 2 *(please print clearly)*

Signature of Complainant 2

(b) Postal address for service of documents: _____
_____ Post Code: _____

(e) Daytime contact Name: _____
Telephone number: () _____

Name of Complainant 3 *(please print clearly)*

Signature of Complainant 3

(b) Postal address for service of documents: _____
_____ Post Code: _____

(e) Daytime contact Name: _____
Telephone number: () _____

**Please attach additional pages for additional complainants*