

**ANNEXURE A** 

## **LICENSEE'S ANNUAL LICENCE PARAMETER REPORT**

LICENCE TYPE: T 2

Designation:

(Note: Please provide these details in respect of each and every Premises under your control and at which make is performed. Please add rows if you require more space.)		
Premises Address:	Number of Weeks Stage Plays Held:	Customer Seating Capacity:
	if you require more space.)	if you require more space.)  Premises Address: Number of Weeks

Date: \_\_\_\_\_