



CITY OF CAPE TOWN
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REPORT TO SUBCOUNCIL 2

1. ITEM NUMBER: 02SUB19/08/19

2. SUBJECT:

**SECTION 48(4) EVENT LIQUOR LICENCE: OCEAN BASKET HAASENDAL
WINTER FESTIVAL: REFERENCE NO. E19060001 WARD 8**

Monique Bending

From: Liquor Licence
Sent: Wednesday, 12 June 2019 1:59 PM
To: admin@liquorwise.net; admin@liquorwise.net; evangeline.Benson@wcla.gov.za; viaan.cupido@wcla.gov.za
Cc: Amelia Van Rhyn; Monique Bending; Richard Kock; Freddie Prince
Subject: Section 48(4) Event Liquor Licence - E19060001 - Ocean Basket Haasendal Winter Festival

Importance: High

Western Cape Liquor Authority
3rd Floor Sunbell Building
3 Old Paarl Road
Bellville
7530

CITY OF CAPE TOWN
SUBCOUNCIL 02
DIRECTORATE: Urban Management
DEPARTMENT: AREA 1
Municipal Offices Brighton Way Kraaifontein 7570

Dear Sir / Madam

SUBMISSION OF COMMENTS ON SC02 RECEIVED ITO:
SECTION 48 OF THE WESTERN CAPE LIQUOR ACT, 2008 AS AMENDED:

Application Reference No	E19060001		
Event Name	Ocean Basket Haasendal Winter Festival		
Trading Hours	1 August 2019 - 30 September 2019 09h00 - 22h00		
Section	Section 48(4) Event Liquor Licence		
Address	ERF 23589 No 2, Shop No 35 Haasendal Gables Haasendal Boulevard Kuils River Cape Town, Kuils River Cape Town		
Applicant Representative		Applicant	
Name	The Licence CO Liquorwisedivision	Name	Merseyworld PTY LTD
Address	7A , 8th Avenue Bellville	Address	82 Groenewoud Street Brackenfell Cape Town
Contact Number	084 424 1966	Contact Number	084 424 1966

E-Mail	admin@liquorwise.net	E-Mail	admin@liquorwise.net
SubCouncil	SC02	Ward	008

It is here by confirmed that, in terms of subdelegated authority, the following recommendation was received from Subcouncil : 02

RECOMMENDATION

Subcouncil 02 recommends that the application received from Merseyworld PTY LTD for the Ocean Basket Haasendal Winter Festival , Reference No. E19060001

BE SUPPORTED.

RESOLVED unanimously by the Subcouncil 2 Office that the Ocean Basket Haasendal Winter Festival, Erf 23589, No 2, Shop No. 35, Haasendal Gables Haasendal Boulevard, Kuilsriver BE SUPPORTED subject that the occupation plan be obtain before the event commence and that all regulations as set out by the Health Department be adhere too.
FOR FURTHER DETAILS CONTACT:

Name	<i>Amelia Van Rhyn</i>
Contact Numbers	<i>021 444 1136</i>
E-mail Address	<i>Amelia Van Rhyn</i>
Directorate	<i>Area-Based Service Delivery – Area 1</i>


Amelia Van Rhyn

SUBCOUNCIL MANAGER:

CC:

- * Applicant / Applicant's representative
- * SubCouncil Manager and Staff
- * Area Director