Questions or concerns about this form or process can be directed to the Toronto Licensing Tribunal by telephone 416-392-4700 or by email <u>tlt@toronto.ca</u>

It is your responsibility to ensure you follow the Toronto Licensing Tribunal Rules of Procedure available on the Tribunal's website at <u>https://www.toronto.ca/wp-content/uploads/2017/10/9047-TLT-Rules-of-Procedure.pdf</u>. A request for adjournment must be made as soon as possible.

To request an adjournment of a hearing, please complete all applicable sections of this form. You must email the form to the Tribunal at <u>tlt@toronto.ca.</u> You are required to deliver a copy of the form to the other party.

Hearing Information			
Report No.:	Hearing Date (yyyy-mm-dd)	Time: 9:30 a.m./1:00 p.m.	

Part 1: Licensee/Applicant Information				
First Name		Last Name		
Street Number	Street Name		Suite/Unit Number	
City/Town			Postal Code	
Telephone Number (Daytime)		Email	·	

Part 2: Authorized Agent/Representative Information			
I am authorized to	act on behalf of the Licensee/Applicant identified above		
🗌 Yes 🗌 No	I will be attending the Hearing with or on behalf of the Licensee/Applicant.		
Eirst Namo	Last Namo]	

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town			Postal Code
Telephone Number (Da	aytime)	Email	

Part 3: Grounds for Request

Why are you asking the Tribunal to adjourn or change the hearing date?

Part 4: What other dates are you available to participate in the hearing?

- Note: Tribunal hearings are held on Thursdays
- If you intend to have any witnesses at the hearing, please confirm your witnesses will also be available on the dates you are requesting.

Please attach additional pages if you require more room to answer any question.

I confirm that a copy of this request for adjournment has been sent to the other party. Yes No	I confirm that a copy of this request for adjournment has been sent to the other party.	☐ Yes	∏ No
--	---	-------	------

Print Name

Signature

Date (DD/MM/YYYY)