

BEST BAR NONE

VENUE NAME

VENUE DPS (Designated Premises Provider)

PREMISES LICENCE HOLDER

EMAIL

CONTACT NUMBER

BEST TIME TO CARRY OUT ASSESSMENT

(Please suggest 2 hour slots)

BEST DAY(S) TO CARRY OUT ASSESSMENT

MON

TUES

WED

THUR

FRI

SAT

SUN



**WORCESTER
BUSINESS
IMPROVEMENT
DISTRICT**

