



APPLICANT DETAILS

Applicant's name(s):

Postal address:

Suburb:

Postcode:

Phone number:

Mobile:

Email:

APPLICATION DETAILS

Business Name:

Premises address:

Type of Premises:

- | | | |
|---|---|--|
| <input type="checkbox"/> Casino | <input type="checkbox"/> Club | <input type="checkbox"/> Club restricted |
| <input type="checkbox"/> Hotel (restricted) | <input type="checkbox"/> Hotel (tavern) | <input type="checkbox"/> Hotel (tavern restricted) |
| <input type="checkbox"/> Liquor store | <input type="checkbox"/> Nightclub | <input type="checkbox"/> Producer's |
| <input type="checkbox"/> Special facility | <input type="checkbox"/> Wholesaler's | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Hotel (Small bar) | <input type="checkbox"/> Restaurant | |

Nature of application and an outline of proposed use of premises:

In case if a SPECIAL FACILITY LICENCE application:

What category is sought? Pursuant to Regulation 9A of the Liquor Control Regulations 1989)

- | | | |
|--|---|--|
| <input type="checkbox"/> Works canteen | <input type="checkbox"/> Theatre/cinema | <input type="checkbox"/> Reception/function centre |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Education and training institution | <input type="checkbox"/> Education and training course |
| <input type="checkbox"/> Food hall | <input type="checkbox"/> Catering | <input type="checkbox"/> Bed and breakfast facility |
| <input type="checkbox"/> Amusement venue | <input type="checkbox"/> Auction | <input type="checkbox"/> Online wine sales |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Sports arena | <input type="checkbox"/> Room service restaurant |

APPLICATION DETAILS (continued)

What trading hours are sought?

Day of Week	Opening Time	Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is approval sought to sell and supply liquor on:

Christmas Day: <input type="checkbox"/> Yes <input type="checkbox"/> No	Good Friday: <input type="checkbox"/> Yes <input type="checkbox"/> No	ANZAC Day: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is approval sought to sell liquor for consumption off the licensed premises: Yes No

Number of patrons to be accommodated:	Size of licensed area: m²
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No. of existing public toilets:

Male:	Female:	Accessible toilet:
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Please detail the trading conditions sought and provide an outline on how it is proposed the premises will operate (attach separate submission if necessary):

FURTHER INFORMATION TO BE SUBMITTED

- 1. A scaled floor/site plan showing the area in which licence is sought
- 2. A copy of the completed Liquor Licence application form
- 3. Payment to be made on request of an officer (once the application has been lodged in the system)

DECLARATION

I declare that all details in this form are true and correct.

Signature of applicant:	Date:
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