



Office Use Only	
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**NOTICE OF APPLICATION FOR LICENCE - (Other than Club Licence)**  
**LIQUOR CONTROL ACT 1988**  
**Section 68**

Please print neatly in **BLOCK LETTERS** with a *black* pen only

**1. DETAILS OF APPLICANT/S**

*If there are 2 or more applicants, give details for each applicant*

- (a) Name of Applicant (individual/partnership/company): \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Name of Applicant (individual/partnership/company): \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_
- (b) Address for Service of documents: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_
- (c) Address for Service of documents **after** application is determined: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_
- (d) Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

**PLEASE NOTE THIS COMPLETED FORM WILL BE PUBLISHED TO THE DEPARTMENT'S WEBSITE DURING ANY ADVERTISED PERIOD**

**2. APPLICATION DETAILS**

**Type of Licence**

- |   |  |                                       |   |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Casino             | <input type="checkbox"/> Hotel (Tavern)            | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Restaurant       |
| <input type="checkbox"/> Hotel              | <input type="checkbox"/> Hotel (Tavern Restricted) | <input type="checkbox"/> Nightclub    | <input type="checkbox"/> Special Facility |
| <input type="checkbox"/> Hotel (Restricted) | <input type="checkbox"/> Hotel (Small Bar)         | <input type="checkbox"/> Producer's   | <input type="checkbox"/> Wholesaler's     |

- (a) Is the licence conditional on completion of the premises? YES  NO
- (b) A section 40 Certificate of Local Planning Authority or Development Approval specifying the type of liquor licence sought is required to be lodged prior to the determination of the application. Please specify the date on which an application for planning approval in respect of the proposed premises will/has been lodged with the relevant local government authority  
\_ / \_ / \_.

**Premises to be Licensed**

- (c) Trading Name: \_\_\_\_\_
- (d) Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_
- (e) Expected maximum number of patrons to be accommodated on the premises at any one time? \_\_\_\_\_  
(Applicable where the consumption of liquor will take place on the licensed premises other than by way of tastings)

### 3. SPECIAL CONDITIONS

#### (a) Liquor Store Licence

Is approval sought for a sampling area? YES  NO

If YES, part of the premises to be used as a sampling area: \_\_\_\_\_

#### (b) Wholesaler's or Producer's Licence

Is approval sought for a sampling area? YES  NO

If YES, part of the premises to be used as a sampling area: \_\_\_\_\_

Is approval sought to store liquor off the licensed premises? YES  NO

If YES, address of storage premises: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

#### (c) Special Facility Licence

Purpose for which the licence is required: (refer 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"/> Transport                   | <input type="checkbox"/> Tourism                  | <input type="checkbox"/> Education & Training Institution |
| <input type="checkbox"/> Education & Training Course | <input type="checkbox"/> Sports Arena             | <input type="checkbox"/> Foodhall                         |
| <input type="checkbox"/> Catering                    | <input type="checkbox"/> Bed & Breakfast Facility | <input type="checkbox"/> Room Service Restaurant          |
| <input type="checkbox"/> Amusement Venue             | <input type="checkbox"/> Auction                  | <input type="checkbox"/> On line wine sales               |

### 4. TRADING HOURS

Monday	_____	am/pm	to	_____	am/pm
Tuesday	_____	am/pm	to	_____	am/pm
Wednesday	_____	am/pm	to	_____	am/pm
Thursday	_____	am/pm	to	_____	am/pm
Friday	_____	am/pm	to	_____	am/pm
Saturday	_____	am/pm	to	_____	am/pm
Sunday	_____	am/pm	to	_____	am/pm

Christmas Day: YES  NO  Good Friday: YES  NO  Anzac Day: YES  NO

Any special trading conditions being sought? \_\_\_\_\_

### 5. PUBLIC INTEREST ASSESSMENT

(a) In accordance with section 68(1) of the Act, the Public Interest Assessment required to be submitted pursuant to section 38 of the Act, forms part of this Notice of Application and is provided at Attachment \_\_\_\_\_

Address where the application, Public Interest Assessment including submissions and evidence lodged can be viewed during the advertised period: (Please note that this address must be within the same locality as the proposed premises)

\_\_\_\_\_  
Postcode: \_\_\_\_\_

### 6. DECLARATION – must be signed by all applicants

The applicant:

- (I) declares that all the information in this form, Public Interest Assessment and in any supporting documentation is true and correct and no relevant information has been omitted; and
- (II) consents to the Public Interest Assessment being displayed on the licensing authority's website during the advertising period.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_

**WHERE THE APPLICANT IS A COMPANY THAT HAS A COMMON SEAL**

The common seal of \_\_\_\_\_

was hereunto affixed in accordance with section 127 of the *Corporations Act 2001* and the Articles of Association in the presence of:

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Name of Director (*Please print clearly*)

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Name of Director (*Please print clearly*)

**WHERE THE APPLICANT IS A COMPANY THAT DOES NOT HAVE A COMMON SEAL**

Executed in accordance with section 127 of the *Corporations Act 2001* and the Articles of Association

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Name of Director (*Please print clearly*)

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Name of Director (*Please print clearly*)

**WHERE THE APPLICANT IS ONE OR MORE INDIVIDUAL PERSONS:-**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

## 7. Payment Details

Entering your credit card details below, you give consent for the appropriate application fee to be deducted from your card

<b>Card Type:</b> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	<b>Copy of Receipt</b> ( <i>email only</i> ): YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Card Number:</b>	<b>Expiry Date:</b>
<b>Cardholder's Name:</b>	<b>Cardholder's Signature:</b>
<b>Email Address:</b>	

Level 2, Gordon Stephenson House, 140 William Street, Perth Western Australia, 6000  
**Postal Address:** PO Box 6119, East Perth, Western Australia, 6892  
**Tel:** (08) 655 1488 **Facsimile:** (08)9325 1041 **Country Callers:** 1800 634 541  
**Email:** [rql@rql.wa.gov.au](mailto:rql@rql.wa.gov.au) **Web Site:** [www.rql.wa.gov.au](http://www.rql.wa.gov.au)