Government of **Western Australia**
Department of **Racing, Gaming and Liquor**

**FORM 7A**

| Office Use Only | |
|---|---|
| Paid Date | |
| Receipt No. | |
| Amount Paid | |

# NOTICE OF APPLICATION FOR AN EXTENDED TRADING PERMIT (ONE OFF - CLUB LICENCE - FUNCTION FOR NON MEMBERS)

LIQUOR CONTROL ACT 1988
Sections 60 & 76

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

## 1. DETAILS OF LICENSEE

(a) Licence number:_____

(b) Name of Licensee: _____

(c) Name of Licensed Premises: _____

(d) Premises Address: _____

_____ Post Code: _____

(e) Postal Address: _____

_____ Post Code: _____

(f) Daytime contact Name: _____ Email:_____.

Daytime Telephone number: (  )_____ Mobile: _____

(g) If the applicant is not the licensee, describe either the relationship to the licensee or the position in the organisation: _____

## 2. EXTENDED HOURS APPLICATION

(a) Describe the special occasion or function: _____

(b) What part of the defined licensed premises will be used? _____

(c) Date and times of function/s:-

Date/s: _____/_____/_____ Commencing _____am/pm Finishing _____am/pm

(d) Local Government Authority in which licensed premises is located: _____

## 3. EXTENDED AREA APPLICATION

(a) Is the extended area adjacent to the defined licensed area of the premises? *YES* ☐ *NO* ☐
If YES, describe the area: _____

(b) Is the extended area "off-site" from the defined licensed premises? *YES* ☐ *NO* ☐

(i) If yes, please provide a description of the area: _____

(d) Name of the owner of the adjacent or "off-site" venue:_____

(e) Has the owner of the adjacent or "off-site" venue consent to this application? *YES* ☐ *NO* ☐

(f) Date and times of function/s:

Date/s: ____/____/____ Commencing: _____ am/pm Finishing: _____ am/pm

(g) Local Government Authority in which extended area is located: _____

## 4. GENERAL DETAILS OF APPLICATION

(a) Describe the special occasion or function: _____

_____

(b) Will entertainment be provided? *YES* ☐ *NO* ☐

If YES, what type of entertainment, and who will provide it? _____

_____

(c) How will be the liquor be sold? Direct ☐ Part of entry/cover charge ☐

How will the liquor be served? Unsealed containers ☐ Sealed containers ☐
(ie for take away)

(d) How many persons are expected to be present in the licensed area at any one time? _____

(e) Does the applicant seek approval to share profits from the function? *YES* ☐ *NO* ☐

If YES, give details of other person/s concerned:

(i) Name: _____

(ii) Address: _____

(iii) Describe the arrangement and amount of benefit: _____

_____

I declare that all details are true and correct and no relevant information is omitted.

_____ _____
Name of person lodging application (please print) Telephone

_____ _____/_____/_____
Signature of person lodging application Date

## 5. PAYMENT DETAILS

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

| | |
|---|---|
| Card Type: Visa ☐ MasterCard ☐ | Copy of Receipt *(email only)*: YES ☐ NO ☐ |
| Card Number: | Expiry Date: |
| Cardholder's Name: | Cardholder's Signature: |
| Email Address: | |

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