

# Section 40 Application and Questionnaire



March 2019

Applicant		
Name of Applicant		
Postal Address		
Locality	State	Post Code
Contact Number		
Email Address		
Owner <i>(All Landowners Names and Signatures are required)</i>		
Name of Owner/s		
Postal Address		
Locality	State	Post Code
Contact Number		
Email Address		
Property Details <i>(where Liquor Licence will be allocated to)</i>		
Property Address		
Locality	State	Post Code
Type of Liquor License being applied for		
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Producer	
<input type="checkbox"/> Hotel	<input type="checkbox"/> Cabaret	
<input type="checkbox"/> Casino	<input type="checkbox"/> Special Facility	
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Club and Restricted Licences	
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Occasional (maximum 3 weeks)	

Fees: Section 40 Certificates (as per Council's Fees and Charges)

Application #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 40 APPLICATION AND QUESTIONNAIRE

Questionnaire	Yes	No
Do you intend to store liquor on site?	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to sell liquor from the premises to clients visiting the site?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have planning consent for the development from which the liquor license will operate?	<input type="checkbox"/>	<input type="checkbox"/>
Is the use exempt from such approval?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be employing other persons at the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any conditions or licensed areas proposed for the Liquor License?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please explain:		

Will liquor be served for consumption to customers on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Will tastings of liquor be provided on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Does the person applying for the Liquor License produce liquor within the Shire of Augusta Margaret River?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where? (please name property)		

**Restaurant/Café (if applicable)**

**Seating Numbers:** Existing \_\_\_\_\_ Proposed \_\_\_\_\_

**Special Facility Licence Application**

For what purpose is the licence sought? (Refer to Regulation 9A of the Liquor Licensing Regulations 1989)

Please state the trading hours sought

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

Is approval sought to sell and supply liquor on the following days -

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**Christmas Day** -  Yes  No    **Good Friday** -  Yes  No    **Anzac Day** -  Yes  No

Is approval sought to sell liquor for consumption off the licensed premises?     Yes     No

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

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**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

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