



## Section 40 Application and Questionnaire

To be completed by persons requesting a Section 40 *Liquor Licensing Act 1988* from the Shire of Augusta-Margaret River.

Name of Applicant

Postal Address

Locality

State

Post Code

Contact Number

Fax Number

Email Address

Name of Owner

Address

Locality

State

Post Code

Contact Number

Fax Number

Email Address

Which property do you intend to have the Liquor Licence allocated to?

What type of Liquor License are you applying for?

- Wholesale
- Producer
- Hotel
- Cabaret
- Casino
- Special Facility
- Liquor Store
- Club and club restricted licenses
- Restaurant
- Occasional (maximum 3 weeks)

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

**Receipt Number:** \_\_\_\_\_

|  | Yes | No |
|--|-----|----|
| Do you intend to store liquor onsite?  |     |    |
| Do you intend to sell liquor from the premises to clients visiting the site?                               |     |    |
| Do you have a planning consent for the development from which the liquor license will operate?             |     |    |
| Is the use exempt from such approval?  |     |    |
| Will you be employing other persons at the premises?   |     |    |
| Are there any conditions or licensed areas proposed for the Liquor License?                                |     |    |
| If yes please explain:   |     |    |
|  |     |    |
|  |     |    |
|  |     |    |
| Will Liquor be served for consumption to customers on the premises?  |     |    |
| Will tastings of Liquor be provided on the premises?   |     |    |
| Does the person applying for the Liquor License produce liquor within the Shire of Augusta-Margaret River? |     |    |
| If so where? (name property).  |     |    |
|  |     |    |
|  |     |    |
|  |     |    |
|  |     |    |

- a) In the case of a *SPECIAL FACILITY LICENCE* application:-
- b) For what purpose is the licence sought? (Refer to Regulation 9A of the *Liquor Licensing Regulations 1989*)
- c) What trading hours are 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 |

d) Is approval sought to sell and supply liquor on:-

|  |  |  |
|--|--|--|
| Christmas Day YES <input type="checkbox"/> NO <input type="checkbox"/> | Good Friday YES <input type="checkbox"/> NO <input type="checkbox"/> | Anzac Day YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|--|--|

e) Is approval sought to sell liquor for consumption off the licensed premises? YES  NO

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

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Site Plan to show - Proposed licensed area (highlighted) if license is for consumption of liquor. or  
- Show all existing vineyards if license is for a producer's licence.

Certificate of Title

Signature of Applicant:

Date:

Signature of Owner:

Date: