

# Application for Section 39



## Environmental Health

Applicant details	
Applicant name	
Postal address	
Email	
Phone	

Premises details	
Name	
Address	
Proposed use	




Application details	
Category and type of licence	
Nature of application and outline of proposed use of premises	

For a Special Facility Licence application only	
For what purpose is the licence sought (refer to Regulation 9A of the Liquor Control Regulations 1989)	

Trading hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Signature			
Applicant signature		Date	

Please provide a floor plan of the premises with this application. Area to be licensed should be clearly indicated on the plan.

<b>Code: WK0084.84</b>		
<b>Receipt No:</b> _____		<b>Date:</b> _____
 <b>In person</b> (Cash, Cheque, EFTPOS)  Customer Service Shire Civic Administration Centre 41 Wallcliffe Road Margaret River	 <b>Telephone</b> (Credit Card only)  <b>Please tick</b> <input type="checkbox"/> A Customer Service Officer will contact you	 <b>Post</b> (Cheque - made payable to Shire of Augusta Margaret River)  Shire of Augusta Margaret River PO Box 61 Margaret River WA 6285