

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: _____

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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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