

# 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)	
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APPLICATION FOR SECTION 39

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>APPLICATION FEE TO BE PAID ON LODGEMENT</b> <b>Application fee \$173.00</b>		<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