

Application for Section 39



June 2018

Environmental Health Services

File number _____

Property details

Property or facility name

Facility address

Applicant details

Applicant name

Postal address

Email

Phone

Mobile

Land owner's details

Land owners name

Postal address

Email

Phone

Mobile

Nature of application and outline of proposed use




APPLICATION FOR SECTION 39

In the case of a *SPECIAL FACILITY LICENCE* application:

(a) For what purpose is the licence sought? (refer to regulation 9A of the <i>Liquor Licensing Regulations 1989</i>)		
(b) What trading hours are sought?		
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		
(c) 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"/>
(d) Is approval sought to sell liquor for consumption off the licensed premises?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
(e) Please detail the trading condition sought and provide an outline on how it is proposed the premises will operate (attach separate submission if necessary):		

Signature of Applicant:	
Signature of applicant	Date
Signature of owner	Date

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

APPLICATION FEE TO BE PAID ON LODGEMENT		Code: WK0084.84
Application fee: \$160.00		Date: _____
Receipt No: _____		
 In person (Cash, Cheque, EFTPOS) Customer Service Shire Civic Administration Centre 41 Wallcliffe Road Margaret River	 Telephone (Credit Card only) Please tick <input type="checkbox"/> A Customer Service Officer will contact you.	 Post (Cheque - made payable to Shire of Augusta Margaret River) Shire of Augusta Margaret River PO Box 61 Margaret River WA 6285

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