APPLICANT DETAILS

Applicant's name(s):

Postal address:

Suburb: **Postcode:**

Phone number:

Mobile: **Email:**

APPLICATION DETAILS

Business Name:

Premises address:

Type of Premises:

☐ **Casino**	☐ **Club**	☐ **Club restricted**
☐ **Hotel (restricted)**	☐ **Hotel (tavern)**	☐ **Hotel (tavern restricted)**
☐ **Liquor store**	☐ **Nightclub**	☐ **Producer's**
☐ **Special facility**	☐ **Wholesaler's**	☐ **Hotel**
☐ **Hotel (Small bar)**	☐ **Restaurant**	

Nature of application and an outline of proposed use of premises:

In case if a SPECIAL FACILITY LICENCE application:

What category is sought? Pursuant to Regulation 9A of the Liquor Control Regulations 1989)

☐ **Works canteen**	☐ **Theatre/cinema**	☐ **Reception/function centre**
☐ **Tourism**	☐ **Education and training institution**	☐ **Education and training course**
☐ **Food hall**	☐ **Catering**	☐ **Bed and breakfast facility**
☐ **Amusement venue**	☐ **Auction**	☐ **Online wine sales**
☐ **Transport**	☐ **Sports arena**	☐ **Room service restaurant**

APPLICATION DETAILS (continued)

What trading hours are sought?

Day of Week	Opening Time	Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is approval sought to sell and supply liquor on:

Christmas Day: ☐ Yes ☐ No	Good Friday: ☐ Yes ☐ No	ANZAC Day: ☐ Yes ☐ No

Is approval sought to sell liquor for consumption off the licensed premises: ☐ Yes ☐ No

Number of patrons to be accommodated:	Size of licensed area: m^2

No. of existing public toilets:

Male:	Female:	Accessible toilet:

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

FURTHER INFORMATION TO BE SUBMITTED

1. **A scaled floor/site plan showing the area in which licence is sought**
2. **A copy of the completed Liquor Licence application form**
3. **Payment to be made on request of an officer (once the application has been lodged in the system)**

DECLARATION

I declare that all details in this form are true and correct.

Signature of applicant:	Date: