

PO Box 21 Exmouth WA 6707 Tel: (08) 9949 3000 Fax: (08) 9949 3050

APPLICATION FOR SECTION 40 CERTIFICATE (LIQUOR LICENCE)

Administered: Town Planning

Next review:

PLEASE MAKE SURE THAT YOU HAVE COMPLETED THIS APPLICATION FORM AND ATTACHED THE REQUIRED INFORMATION. OTHERWISE YOUR APPLICATION WILL BE RETURNED.

PART A – APPLICANT DETAILS (if different from OWNER)				
Name/s				
Postal Address		Post code		
Phone (mob)	(other)			
Email				
PART B – OWNER DETAILS (certificate will be issued	l in this name)			
Name/s				
Director/s (if applicable)		ABN (if applicable)		
Director/s (if applicable) Postal Address		ABN (if applicable) Postcode		
	(other)			
Postal Address	(other)			

Please note this form is to be submitted with the completed '*Liquor Control Act 1988 Certificate of Local Planning Authority – Section 40*' application form available from <u>www.dlgsc.wa.gov.au</u>.

□ I declare and acknowledge the information provided is accurate. I also acknowledge the Shire of Exmouth may advertise, display, copy or reproduce any supporting plans and documentation submitted as part of the application

PART C - PROPERTY AND PREMISES DETAILS Lot No. House/Street No. Location No. Street Name Name of Premises Image: Colspan="2">Type of Liquor License (e.g. Tavern, Restaurant) Size of License Area/s sqm Number of Patrons Number of Parking bays provided Additional comments Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Number of Premises

- □ Site Plan to scale (showing the proposed liquor area)
- □ Floor plan of Premises to scale (showing area/s to be licensed)
- Completed Form LLD15 Section 40 Certificate of Local Planning Authority
- □ Application fee for Section 40 Certificate (refer to the Shire's Schedule of Fees and Charges)

NOTE:

This form should be completed and forwarded to the **Shire of Exmouth, PO Box 21 Exmouth WA 6707** or via e-mail to <u>info@exmouth.wa.gov.au</u> together with copies of plans showing proposed details and "off street" parking spaces if applicable.

DISCLAIMER

This checklist has been compiled to ensure that applications lodged are complete and provide all information required. This will assist the Shire of Exmouth to expedite processing of applications.

Please note that the shire reserves the right to request additional information for specific applications.

This publication is intended to provide general information only. Verification with the original local laws, planning schemes and other relevant documents is required for detailed references.

OFFICE USE ONLY

Assessment Number	Receipt Number	
Acceptance Officer's Name	Date Received	
Application Reference No.	Required Fee	
Application Reference No.	Required Fee	