



# Application for a Liquor Control Section 39 certificate

## PREMISES DETAILS

Premises Name .....

Address ..... Post Code.....

## APPLICANT DETAILS

Company Name .....

Contact Person .....

Postal Address..... Post Code.....

Phone (Work).....(Home)..... (Mobile).....

E-Mail..... Fax.....

## LIQUOR LICENCE DETAILS

Please tick the appropriate licence you are applying for:

- |                   |                          |                             |                          |
|-------------------|--------------------------|-----------------------------|--------------------------|
| Club              | <input type="checkbox"/> | Small Bar                   | <input type="checkbox"/> |
| Liquor Store      | <input type="checkbox"/> | Nightclub                   | <input type="checkbox"/> |
| Club Restricted   | <input type="checkbox"/> | Producer                    | <input type="checkbox"/> |
| Hotel             | <input type="checkbox"/> | Restaurant                  | <input type="checkbox"/> |
| Hotel Restricted  | <input type="checkbox"/> | Special Facility            | <input type="checkbox"/> |
| Tavern            | <input type="checkbox"/> | Wholesaler                  | <input type="checkbox"/> |
| Tavern Restricted | <input type="checkbox"/> | Other (eg – Charter Vessel) | <input type="checkbox"/> |

Reason for application

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

(a) For what purpose is the licence sought? (Refer to Regulation 9A of the *Liquor Control Regulations 1989*)

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(b) What trading hours are 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

(c) Is approval sought to sell and supply liquor on:-

	YES	NO
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	<input type="checkbox"/>
Anzac Day	<input type="checkbox"/>	<input type="checkbox"/>

(d) Is approval sought to sell liquor for consumption off the licensed premises?  YES  NO

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

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Signature ..... Date.....

**PAYMENT INFORMATION**

**Cheques made payable to "City of Fremantle"**

Payment can be made by the following options:

**BY MAIL:**

Environmental Health Services  
City of Fremantle  
PO Box 807, FREMANTLE WA 6959

**IN PERSON:**

City of Fremantle  
Fremantle Oval  
70 Parry St, FREMANTLE WA 6160

**Enquiries: Environmental Health Services – 9432 9999 or [health@fremantle.wa.gov.au](mailto:health@fremantle.wa.gov.au)**

OFFICE USE ONLY		
<b>Code: Liquor Control Section 39</b>	<b>Receipt Number:</b>	<b>Date:</b>
<b>Fee: \$177.00 valid for 2019/2020</b>		