



Section 40 Application

To be completed by applicant requesting a Section 40
Liquor Licensing Act 1988

Applicant Details	Name:				
	Units:		Street No		Level
	Street name		Street type		Street suffix
	PO Box				
	Suburb	State	Postcode	Country (if not Australia)	
	Phone				
	Fax		Email		
	Contact person for correspondence:				
	Signature:			Date:	

Property Details	Lot No:		House No:	
	Street			
	Suburb:		Postcode:	

Type of Liquor Licence	Type of Liquor Licence you are applying for:			
	<input type="checkbox"/> Wholesale <input type="checkbox"/> Liquor Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel (must select one below): <input type="checkbox"/> Hotel Restricted	<input type="checkbox"/> Special Facility <input type="checkbox"/> Night Club <input type="checkbox"/> Occasional (maximum three weeks) <input type="checkbox"/> Tavern	<input type="checkbox"/> Producer <input type="checkbox"/> Club and Club Restricted <input type="checkbox"/> Tavern Restricted	<input type="checkbox"/> Casino <input type="checkbox"/> Tavern Small Bar

Business Details	Business Name:		
	Hours of Operation:		
	<input type="checkbox"/>	Monday	_____ am / pm to _____ am / pm
	<input type="checkbox"/>	Tuesday	_____ am / pm to _____ am / pm
	<input type="checkbox"/>	Wednesday	_____ am / pm to _____ am / pm
	<input type="checkbox"/>	Thursday	_____ am / pm to _____ am / pm
	<input type="checkbox"/>	Friday	_____ am / pm to _____ am / pm
	<input type="checkbox"/>	Saturday	_____ am / pm to _____ am / pm
	<input type="checkbox"/>	Sunday	_____ am / pm to _____ am / pm
Office use only	Date:	LL _____ / _____	Accepting officer initials: