



LIQUOR CONTROL ACT 1988

APPLICATION FOR CERTIFICATE OF LOCAL GOVERNMENT

SECTION 39

To: City of Gosnells
PO Box 662
GOSNELLS WA 6990

I, _____ (Full Name)
of _____ (Residential Address)

Phone Number _____ Fax Number _____

Email Address _____

Being the _____ (Position Held)

Hereby apply for a Certificate under Section 39 of the Liquor Control Act 1988.

Details of Premise subject to the Liquor Licence:

Name of Premise _____
Address of Premise: _____

Type of Licence: _____

Purpose of Licence: _____

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

Is approval sought to sell alcohol for consumption off the premises Yes / No

Will food be provided from the premise Yes / No

Is approval sought to sell alcohol on;	Christmas Day	Yes / No
	Good Friday	Yes / No
	Anzac Day	Yes / No

Dated this _____ day of _____

Signature of Applicant
For and on behalf of the above Premise

Note: • A \$71.00 fee payable to the City of Gosnells is applicable to this application

OFFICE USE ONLY			
DATE	RECEIPT NO.	AMOUNT PAID	CASHIERS I.D.