

# CITY OF ARMADALE

## LIQUOR LICENCE APPLICATION Additional Information for Section 40 Certificate

Applicant details (if different to owner)		
Name(s) / Company Name:		(name for licence to be issued)
Contact Person:		
Postal Address:		Postcode:
Phone:	Mobile:	Fax:
Email:		
The applicant acknowledges and accepts when lodging this application form, that the City may advertise, copy and/or reproduce any supporting plans and documentation submitted as part of this application.		Date:

Type of Licence
<input type="checkbox"/> Casino <input type="checkbox"/> Hotel (Restricted) <input type="checkbox"/> Liquor Store <input type="checkbox"/> Special Facility <input type="checkbox"/> Club <input type="checkbox"/> Hotel (Tavern) <input type="checkbox"/> Nightclub <input type="checkbox"/> Wholesaler's <input type="checkbox"/> Club Restricted <input type="checkbox"/> Hotel (Tavern Restricted) <input type="checkbox"/> Producer's <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hotel <input type="checkbox"/> Hotel (Small Bar) <input type="checkbox"/> Restaurant
Nature of application and an outline of proposed use of the premises:

Trading Hours
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

Other Information
Is approval sought to sell liquor for consumption <u>off</u> the licensed premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is approval sought to sell and supply liquor on:
Christmas Day <input type="checkbox"/> Yes <input type="checkbox"/> No              Good Friday <input type="checkbox"/> Yes <input type="checkbox"/> No              Anzac Day <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information
<input type="checkbox"/> Liquor Licence Application Form (Section 40 Certificate) <input type="checkbox"/> Liquor Licence Application and Inspection Request (Section 39 Certificate) <input type="checkbox"/> Attached detailed site plan (scale no less than 1:200) showing the location of the building on site <input type="checkbox"/> Attached detailed floor plan (scale no less than 1:100) showing the internal layout of the premises, demonstrating the area to which the liquor licence will apply.

OFFICE USE ONLY	
Parcel No:	Date Received:
Fees Paid:	