

**Liquor Licence Application  
(Section 39 Certificate)**

I \_\_\_\_\_ of \_\_\_\_\_  
(Full name in BLOCK LETTERS) (Company Name in BLOCK LETTERS)

\_\_\_\_\_  
(Address in BLOCK LETTERS)

request the City of Armadale to assess for a Section 39 Certificate the premises known as:

\_\_\_\_\_  
situated at: (Name of premises in BLOCK LETTERS)

\_\_\_\_\_  
(Address of premises in BLOCK LETTERS)

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please note this form is to be submitted with the completed '*Liquor Control Act 1988 Certificate of Local Health Authority – Section 39*' application form available from [www.rgl.wa.gov.au](http://www.rgl.wa.gov.au).

**Declaration:**

I declare and acknowledge the information provided above is accurate and payment is enclosed. I also acknowledge the City may advertise, display, copy and/or reproduce any supporting plans and documentation submitted as part of the application.

Date: