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| **FORM 1** |



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| **Office Use Only** |
| **Paid Date** |  |
|  **Receipt No.** |  |
| **Amount Paid** |  |

**NOTICE OF APPLICATION FOR APPROVAL OF A NON-LIQUOR BUSINESS ON LICENSED PREMISES**

LIQUOR CONTROL ACT 1988

Section 119A

 Please print neatly in **BLOCK LETTERS** with a *black* pen only

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| 1. **DETAILS OF LICENCE**
 |
| (a) Licence number: (b) Name of Licensed Premises: (c) Address of Licensed Premises:  Post Code: (d) Name of Licensee: (e) Daytime contact name of licensee:  Telephone Number for licensee: ( ) E-mail for licensee: (f) Daytime contact name of proprietor of non-liquor business:  Telephone Number for proprietor: ( ) E-mail for proprietor:  |
| 1. **DETAILS OF THE NON-LIQUOR BUSINESS ON LICENSED PREMISES**
 |
|  Approval to conduct a non-liquor business on licensed premises is sought by either: Licensee [ ]  Proprietor [ ] (a) Full name of the proposed business:   Name of the person/company in control of the business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:  Post Code (b) Date when proposed business will begin operation \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(c) Briefly describe the nature of the business and how it will operate within the licensed premises (further information may be requested e.g. floor plans):   |
|  (d) (i) What monetary benefits will the licensee gain from the proposed business (eg rent, commission etc):  (ii) Is there an agreement or arrangement in writing? YES [ ]  NO [ ]  If **YES**, please attach a copy.(e) Are there currently any other non-liquor businesses operating from the licensed premises? YES [ ]  NO [ ]   If **YES**, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(f) Has there previously been an approved non-liquor business at the licensed premises?  YES [ ]  NO [ ]  If **YES**, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. DECLARATION** |
| **I declare/certify that:** * the information contained in this form, including attachments, is true and correct.
* I am authorised to sign this application on behalf of the applicant entity.

Signature: Date: Signature: Date: Print name and position: Print name and position:Signature: Date: Signature: Date: Print name and position: Print name and position:It is an offence under section 159 of the Liquor Control Act 1988 to make a statement that is false or misleading.Penalty: $10,000. |

Level 2, Gordon Stephenson House, 140 William Street, Perth, WA, 6000

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