

**FORM 19**

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

**APPLICATION FOR A LIQUOR RESTRICTED PREMISES DECLARATION**

LIQUOR CONTROL ACT 1988

Section 152W

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

1. **DETAILS OF APPLICANT**

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| 1. In relation to the premises, are you the:

**OWNER [ ]  OCCUPIER [ ]  OWNER & OCCUPIER [ ]  PRESCRIBED CLASS OF PERSON [ ]**  A copy of the lease agreement (occupier applicant) or certificate of title (owner applicant) must be attached.1. Name of Applicant(s):
2. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Individuals only)
3. Postal Address:

 Postcode: 1. Daytime Contact Name:

Contact Number: Mobile:E-mail: Fax Number:  Would you also like to voluntarily be placed on the Banned Drinkers Register (BDR)? **Yes [ ]  No [ ]**  BDR information - <https://www.dlgsc.wa.gov.au/racing-gaming-and-liquor/liquor/banned-drinkers-register>  If voluntarily placed on the register there will be a two-business day processing time to be removed off the register. |

1. **DETAILS OF PROPOSED LIQUOR RESTRICTED PREMISES**

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| 1. Address of proposed restricted premises:

 Postcode: 1. Will the restricted area include the front, side and back yard, any external buildings (e.g. garden sheds) and the inside of the house)? **Yes [ ]  No [ ]**

If ‘No” please describe the area to be declared as restricted below |

1. **DETAILS OF PROPOSED LIQUOR RESTRICTED PREMISES** *cont’d*

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| 1. Does the restricted area as defined include any common areas as a part of a complex (e.g. residential complex, strata title, duplex or triplex), which is shared or used by other persons not residing in the proposed restricted premises but in the rest of the complex? **Yes [ ]  No [ ]**

If ‘Yes’ provide detail of what included area(s) are shared and who shares those areas (*attach additional pages if required*): 1. I have attached an illustrated plan of the area to be declared as restricted? **Yes [ ]  No [ ]**
2. Provide reasons for seeking alcohol restriction on the premises (*attach additional pages if required*):
3. Do you have any supporting information to substantiate your application (*e.g. police reports, witness statements*)?

**YES [ ]  NO [ ]**  *If* ***YES****, please attach copies of supporting information* 1. Do you want a permanent restriction or a restriction for a specific period of time? **Permanent [ ]  Specific [ ]**

*If* ***for a specific period****, please provide:* 1. Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_
2. End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_
3. Provide reasons for seeking alcohol restrictions for a specific period of time (*attach additional pages if required*):
4. How many persons call this property home?
5. Please list names and age of each person - including children (*attach additional pages if required*:
6. Name: Age:
7. Name: Age:
8. Name: Age:
9. Name: Age:
10. Name: Age:
11. Name: Age:
12. Name: Age:
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1. **DETAILS OF PROPOSED LIQUOR RESTRICTED PREMISES** *cont’d*

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| 1. Name of Owners (*if not the applicant*):

Address:  Postcode: 1. Have all Owners or Occupiers of the premises been advised of the application (*where the premises is part of a strata title, apartment complex, duplex, triplex or otherwise shared common areas, has the applicant advised all occupiers*)? **YES [ ]  NO [ ]**

*If* ***YES****, please attach the acknowledgement and consent form with this application**If* ***NO****, all Owners and Occupiers will need to be advised* ***PRIOR*** *to lodging this application* 1. Do all Owners and Occupiers consent to the application? **YES [ ]  NO [ ]**

*If* ***YES****, please attach the acknowledgement and consent form with this application**If* ***NO****, please attach the reason/s why consent has not been given* 1. Has the WA Police been advised of the application? **YES [ ]  NO [ ]**
2. Name of Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. **DECLARATION BY APPLICANT**

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| I declare that all details are true and correct and no relevant information is omitted. (*Under section 159 of the Liquor Control Act 1988, it is an offence to make a statement that is false or misleading. Penalty $10,000)*1. Name of Applicant(s):
2. Signature of applicant(s) (*includes individual(s) or \*authorised person” on behalf of applicant organisation):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Position/Relationship with applicant organisation:
2. Dated: day of /
 |

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

**Postal Address:** PO Box 8349, Perth Business Centre, WA, 6849

**Tel:** (08) 6551 4888 **Facsimile:** (08) 9325 1041 **Country Callers:** 1800 634 541

 **Email:** rgl@dlgsc.wa.gov.au **Web Site:** [www.dlgsc.wa.gov.au](http://www.dlgsc.wa.gov.au)



**ACKNOWLEDGMENT & CONSENT FORM**

**LIQUOR RESTRICTED PREMISES**

**ADDRESS OF PREMISES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Premises to be liquor restricted)

Adults that call the property home and consent to the application

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature

**OTHER PERSON/S** Name of other person/s that consent to this application:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | NameConnection to the premises OWNER [ ]   | Signature  |
|  | NameConnection to the premises OWNER [ ]  | Signature  |