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| Form 4 |

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



**NOTICE OF APPLICATION FOR LICENCE - Conversion/Replacement of Special Facility**

LIQUOR CONTROL ACT 1988

Section 46B(2)

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

1. **DETAILS OF APPLICANT(S)**

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| 1. Current Licence Number: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current Name of Licensed Premises: \_\_\_
3. Name of Licensee: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. (d) Address for Service of documents **after** application is determined: \_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) Contact Person: Email:  Telephone: (\_ \_) Mobile:  Postal Address: \_\_\_\_ \_\_\_\_ Postcode:  |

1. **LICENSEE DETAILS**

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| In the case of a partnership or a body corporate, have any circumstances changed in respect of the partners, directors or shareholders of the licensee entity?  *YES [ ]  NO* [ ]  If yes, please give full details of the changes that have occurred on a separate attachment.  |

**3a. APPLICATION DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Licence**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Casino[ ]  Club[ ]  Club Restricted [ ]  Hotel  | [ ]  Hotel (Restricted) [ ]  Hotel (Tavern)[ ]  Hotel (Tavern Restricted)[ ]  Hotel (Small Bar) | [ ]  Liquor Store[ ]  Nightclub[ ]  Producer’s[ ]  Restaurant  | [ ]  Special Facility[ ]  Wholesaler’s |

**Premises Details**(a) Proposed Trading Name:  |

**3b. TRADING HOURS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| 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 |

Christmas Day:  *YES [ ]  NO* [ ]  Good Friday:*YES [ ]  NO* [ ]  Anzac Day:*YES [ ]  NO* [ ] Any special trading conditions being sought? \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**3c. SPECIAL CONDITIONS**

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| (a) If **Liquor Store Licence** Is approval sought for a sampling area? *YES [ ]  NO* [ ]  If *YES*, part of the premises to be used as a sampling area: \_\_\_\_\_\_\_\_\_(b) If **Wholesaler’s or Producer’s Licence**  Is approval sought for a sampling area? *YES [ ]  NO* [ ]  If *YES*, part of the premises to be used as a sampling area: \_\_ Is approval sought to store liquor off the licensed premises? *YES [ ]  NO* [ ]  If *YES*, address of storage premises: Postcode:  |

1. **PUBLIC INTEREST ASSESSMENT**

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| (a) In accordance with section 68(1) of the Act, the Public Interest Assessment required to be submitted pursuant to section 38 of the Act, forms part of this Notice of Application and is provided at Attachment (b) Address where the application and Public Interest Assessment submission can be viewed (if required to be advertised): **(Please note that this address must be within the same locality as the proposed premises)** Postcode:  |

1. **DECLARATION**

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| --- |
| **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

**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)