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| **FORM 9** |



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

NOTICE OF APPLICATION FOR APPROVAL OF REMOVAL OF LICENCE

LIQUOR CONTROL ACT 1988

Sections 68 & 81

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

1. **DETAILS OF LICENCE**

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| (a) Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(b) Name of Licensed Premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c) Address of Licensed Premises:  \_\_\_\_\_\_ Postcode: (d) Name of Licensee: (e) Contact Person: Email:  Telephone Number: ( ) Mobile:  |

**2. DETAILS OF APPLICATION**

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| (a) Address of Proposed Premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: (b) Address where the application and Public Interest Assessment can be viewed during the advertising period: **(Please note that this address must be within the same locality as the proposed premises)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: (c) Date from which removal is sough, if known: / / (d) Is the removal sought conditional upon the construction or completion of the proposed premises? *YES [ ]  NO [ ]* (e) A section 40 Certificate of Local Planning Authority or Development Approval specifying the type of liquor licence sought is required to be lodged prior to the determination of the application. Please specify the date on which an application for planning approval in respect of the proposed premises will/has been lodged with the relevant local government authority \_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_\_\_.(f) Certificate of Title – Volume No: Folio No: (g) Does the licensee own the proposed premises? *YES [ ]  NO [ ]* If *NO:* (I) What is the name of the owner?  (II) Address of owner:  Postcode: (III) Phone or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IV) Applicant’s tenure: *Lease [ ]  Other* [ ]   (V) Will the Licensee have exclusive possession of the proposed premises to be licensed (ETP area excluded)? *YES [ ]  NO* [ ]  *Please note the application cannot proceed to determination unless the applicant has or will have exclusive tenure of the proposed premises.* (VI) Will there be any payments made to the freehold owner or another entity in relation to the turnover of the business? These payments could include rent, marketing, advertising or management fees that are based on the turnover of the business: *Yes\* [ ]  No* [ ]  \*A completed Profit Sharing application form (Form 16) must be lodged if there are payments in relation to the turnover of the business.Please note that should the licence be granted and the licensee no longer has exclusive tenure of the licensed premises all rights to the licence will terminate pursuant to s37(5) of the Act. |
| **3. EXTENDED TRADING PERMITS** |
| Are there any extended trading permits attached to this licence? YES [ ]  NO [ ] If **YES**, Permit Number/s:  |

**4. PUBLIC INTEREST ASSESSMENT**

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| 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  |

**5. 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)