**LLD/18**

A black background with a black square

Description automatically generated with medium confidence

**SUBMISSIONS IN SUPPORT OR OPPOSITION OF AN APPLICATION**

Liquor Control Act 1988

Section 72A

Please print neatly in **BLOCK LETTERS**

|  |
| --- |
| **1. PERSON LODGING SUBMISSIONS** |
| (a) Full name:  (b) Postal address:  Post Code:  (c) Contact Name:  (d) Telephone number: ( )  (e) Email Address: |
| **2. DETAILS OF APPLICATION** |
| (a) Licence number (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (b) Nature of Application (*ie grant of hotel licence*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (e) Name of Licensee/Applicant:  (c) Name of Licensed/Proposed Premises:  (d) Address of Licensed/Proposed Premises:  Post Code: |
|  |
| **3. DETAILS OF SUBMISSIONS** |
| Outline details for your submissions in support or opposing of an application:  (*Please attach further pages as needed)* |
| **4. SIGNATURE** |
| I declare/certify that:   * the information contained in this form, including attachments, is true and correct. * by making a submission to the Director I understand that I am not a party to the proceedings.   Signature: Date: Signature: Date:    Name: Name: |

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)