



# LIQUOR LICENCE PERMIT AND GAMING APPLICATION

## Please return to:

Health Services  
PO Box 82, LEEDERVILLE, 6902  
Telephone: (08) 9273-6533  
Facsimile: (08) 9273-6099  
E-mail: mail@vincent.wa.gov.au

## CITY OF VINCENT

Applications are to be submitted to Health Services with the appropriate fee (detailed below), and a written submission regarding the application (minimum 14 days prior to the event), and is to include the following:

- A copy of the application submitted to the Department of Racing, Gaming and Liquor; and
- Details of the proposed event, including the proposed extended hours and area (if applicable); and
- Noise control measures.

**Please note:** In some cases, you will be requested to undertake a letter drop to surrounding residents advising them of the proposed event, and providing them with a mobile contact number should they experience disturbances including noise and antisocial behaviour, as a result of the event. A copy of this correspondence will also need to be submitted to Health Services as part of your application.

Written conditional approval will then be issued by the City to the event organiser, the Local Police Service and the Department of Racing, Gaming and Liquor.

Should you have any queries, please contact Health Services on 9273 6533 or via mail@vincent.wa.gov.au

**BY MAIL:** CITY OF VINCENT, PO BOX 82, LEEDERVILLE WA 6902  
*Do not send cash through the mail. Complete the attached Credit Card Payment details, or forward a cheque or money order made out to the City of Vincent.*

**E-MAIL:** [cashier@vincent.wa.gov.au](mailto:cashier@vincent.wa.gov.au)

**FAX:** (08) 9273 6099

**IN PERSON:** 244 VINCENT STREET, LEEDERVILLE WA 6007  
*Monday to Friday between 8:00am – 5:00pm*

APPLICANT NAME - \_\_\_\_\_

PREMISES/TRADING NAME - \_\_\_\_\_

ADDRESS/LOCATION - \_\_\_\_\_

### **CREDIT CARD PAYMENT DETAILS:**

*Please complete the following details, and submit the form in its entirety to the City of Vincent. Please note American Express and Diners Club are not accepted.*

Please charge my (please circle): Bankcard/MasterCard/Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Please debit my Credit Card with the amount of: \$100.00

Cardholder's Name  
(as shown on the Card): \_\_\_\_\_  
Cardholder's Signature  
(as shown on the Card): \_\_\_\_\_



**Your signature hereon is authority for us to issue a sales voucher for the full amount (shown in the space provided above) and an acknowledgement that the sales voucher, if endorsed "Mail Order", to be treated as having been duly signed by the cardholder. Please forward the entire form with the details clearly completed.**

OFFICE USE ONLY

RECEIPT CODE: 643

FILE NO.: