

# APPLICATION CHECKLIST



This section must be completed by the applicant before submission to the local authority.

## APPLICATION DETAILS

Category and Type of License:	
Nature of application and an outline of proposed use of the premises:	

Is this application for a residential or commercial venture?	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
If commercial, how many full-time equivalent employees do you intend to employ?		
<input type="checkbox"/> None (sole trader)	<input type="checkbox"/> 1 – 19 (small business)	<input type="checkbox"/> 20 – 199 (medium business)
		<input type="checkbox"/> 200+ (large business)

## IN THE CASE OF A SPECIAL FACILITY LICENCE APPLICATION

(a) For what purpose is the licence sought? (Refer to Regulation 9A of the <i>Liquor Control Regulations 1989</i> ).						
(b) What trading hours are sought?	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
(c) Is approval sought to sell and supply liquor on	Christmas Day		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Good Friday		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Anzac Day		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(d) Is approval sought to sell liquor for consumption off the licensed premises?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
(e) Please detail the trading conditions sought and provide an outline on how it is proposed the premises will operate (attach separate submission if necessary)						

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## APPLICANT DETAILS

Applicant Name:					
Contact No:					
Email Address:					
Name of Premises subject of Section 40:					
Premises Address:					
Trading hours:	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

Note: Trading hours must be provided with all Section 40 applications to enable the City to confirm compliance with your planning approval. Failure to provide this information may result in delays processing your Section 40 application.

## PAYMENT OPTIONS *(only complete this section if paying by credit card)*

Mail:	City of Vincent, PO Box 82, Leederville WA 6902  Please do not send cash through the mail. Complete the Credit Card Payment details below, or forward a cheque or money order made out to the City of Vincent.
In person:	244 Vincent Street, Leederville Monday to Friday 8.00am to 5.00pm

## CREDIT CARD PAYMENTS

Please complete the following details – note that American Express and Diners Club are not accepted.

Please charge my (please tick)	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Holder Name:			
Card Number:			
Expiry Date:			
Signature:		Date:	

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## SECTION 40 CERTIFICATE APPLICATION CHECKLIST

All applications for a Section 40 Certificate must be accompanied by a completed checklist. Incomplete applications will not be accepted and will be returned to the applicant with a list of outstanding items

WHAT INFORMATION DO I NEED			
Information	When is it required	Provided (applicant to complete)	Received (City to complete)
City of Vincent Application for Section 40 Certificate form	Always	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan showing location of the premises to be licensed	Always	<input type="checkbox"/>	<input type="checkbox"/>
Detailed floor plan of the premises identifying the portion of the building to which the liquor licence will apply.	Always	<input type="checkbox"/>	<input type="checkbox"/>
Application fee (\$73) *Applications for Section 40 Certificates are treated as requests for written planning advice for the purpose of fee calculation.	Always	<input type="checkbox"/>	<input type="checkbox"/>

## APPLICANT DECLARATION

I, \_\_\_\_\_ confirm that I have provided all of the information as outlined above with my application. I am aware that the City may require additional information to process my application. I am aware that all correspondence from the City of Vincent will be via the email address I have provided above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_