

# SECTION 39 (LIQUOR) APPLICATION



*Liquor Control Act 1988*

BUSINESS DETAILS	
Business trading name	
Address of premises	
Premises phone number	

APPLICANT DETAILS	
Applicant name	
Company name	
Postal address	
Mobile number	
Email address	

LIQUOR LICENCE TYPE & DETAILS		
<input type="checkbox"/> Casino	<input type="checkbox"/> Hotel (Tavern)	<input type="checkbox"/> Producer's
<input type="checkbox"/> Club	<input type="checkbox"/> Hotel (Tavern Restricted)	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Club (Restricted)	<input type="checkbox"/> Hotel (Small Bar)	<input type="checkbox"/> Special Facility
<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Wholesaler's
<input type="checkbox"/> Hotel (Restricted)	<input type="checkbox"/> Nightclub	
Nature of application and an outline of proposed use of the premises:		
Special Facility Licences ONLY:		
a) What category licence is sought?		
<input type="checkbox"/> Amusement Venue	<input type="checkbox"/> Education & Training Institution	<input type="checkbox"/> Room Service Restaurant
<input type="checkbox"/> Auction	<input type="checkbox"/> Food Hall	<input type="checkbox"/> Theatre/Cinema
<input type="checkbox"/> Bed & Breakfast Facility	<input type="checkbox"/> Online Wine Sales	<input type="checkbox"/> Tourism
<input type="checkbox"/> Catering	<input type="checkbox"/> Sports Arena	<input type="checkbox"/> Transport
<input type="checkbox"/> Education & Training Course	<input type="checkbox"/> Reception/Function Centre	<input type="checkbox"/> Works Canteen
b) What trading hours are sought?		
c) Is approval sought to sell and supply liquor on: <i>(tick if yes)</i>		
<input type="checkbox"/> Christmas Day	<input type="checkbox"/> Good Friday	<input type="checkbox"/> Anzac Day
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):

### REQUIRED ATTACHMENTS FOR ALL APPLICATIONS

Incomplete applications cannot be processed and will be returned to the applicant

Diagram showing the proposed red line area

### DECLARATION

I declare that the information contained in this application is true and correct, that I will notify the City's Health Services of any variation to details provided within this application and that the appropriate approvals from the City's Planning and Building Services sections have been obtained **prior** to lodging this application.

Applicant name

Signature

Date

To submit your application please email this form to [mail@vincent.wa.gov.au](mailto:mail@vincent.wa.gov.au)

- Your application will be allocated to an Environmental Health Officer and Building Surveyor for assessment.
- An inspection of the premises will be required to assess health compliance. Please note that the premises fit-out must be completed in full for an inspection to be undertaken.
- All requirements must be satisfied before a section 39 certificate can be issued.

### FEES

This fee is applicable for the 2026/2027 financial year. You will be sent an invoice.

**Application and assessment fee - \$226.00**