



CITY OF VINCENT

**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

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

APPLICANT NAME - _____

PREMISES/TRADING NAME - _____

ADDRESS/LOCATION - _____

PAYMENT OPTIONS

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

TELEPHONE: (08) 9273 6000

FAX: (08) 9273 6099

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

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: 791