

REVERSE SIDE TO BE COMPLETED BY APPLICANT **BEFORE SUBMISSION** TO THE LOCAL AUTHORITY

**THIS SECTION IS TO BE COMPLETED BY THE LOCAL AUTHORITY**

LOCAL AUTHORITY DETAILS	
I, (full name)	
being the (title)	
for the (name of Local Planning Authority)	
with respect to the application by (name of applicant)	
hereby certify that the premises known as	
and situated at	
	Post code
<input type="checkbox"/> Will comply with all relevant planning laws, namely:	
OR	
<input type="checkbox"/> Would comply with the relevant planning laws if consent were given by the following authority:	
(i) It is not known whether the authority will give their consent; or	
(ii) It is known the authority will give consent subject to the following probable conditions/restrictions:	
OR	
<input type="checkbox"/> Will not comply with the relevant planning laws for the following reasons:	

Dated the	day of
Signature of authorised officer	

THIS SECTION MUST BE COMPLETED BY THE APPLICANT **BEFORE SUBMISSION** TO THE LOCAL AUTHORITY

**APPLICATION DETAILS**

Category and type of licence:

Nature of application and an outline of proposed use of the premises:

**IN THE CASE OF A 'SPECIAL FACILITY LICENCE' APPLICATION**

For what purpose is the licence sought? (Refer to Regulation 9A of the Liquor Control Regulations 1989)

What trading hours are sought?

Monday	from:	to:	Friday	from:	to:
Tuesday	from:	to:	Saturday	from:	to:
Wednesday	from:	to:	Sunday	from:	to:
Thursday	from:	to:			

Is approval sought to sell and supply liquor on:

Christmas Day    Yes     No     Good Friday    Yes     No     ANZAC Day    Yes     No

Is approval sought to sell liquor for consumption off the licensed premises?    Yes     No

Please detail trading conditions sought and provide an outline on how you propose the premises will operate (attach separate submission if necessary)