



## APPLICATION FOR SECTION 39 OR 40 CERTIFICATE

*Liquor Licensing Act 1988*

<b>CERTIFICATE REQUESTED:</b> <small>(please tick appropriate box)</small>	<input type="checkbox"/> Section 39 (Health) <input type="checkbox"/> Section 40 (Planning)
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### LANDOWNER DETAILS

Name:		ABN (if Applicable):	
Postal Address:		Postcode:	
Phone:(Wk):	(Home):	Mobile:	
Contact Person:	Email:		
Signature:		Date:	
Signature:		Date:	

The signature of the owner(s) is required on this application. The application will not proceed without that signature. For the purposes of signing this application an owner includes the persons referred to in the Planning and Development (Local Planning Schemes) Regulations 2015 Schedule 2 clause 62(2).

### APPLICANT DETAILS (if different from Landowner)

Name:		Postcode:	
Postal Address:		Postcode:	
Phone:(Wk):	(Home):	Mobile:	
Contact Person for Correspondence:			
Email:			
Signature:		Date:	

### PROPERTY / FACILITY DETAILS

Facility Name:			
Lot No:	House / Street No:	Location No:	
Street Name:		Suburb:	
Diagram/Plan No:	Volume No:	Folio No:	
Nearest Street Intersection:			

### ALL APPLICATIONS MUST INCLUDE

<input type="checkbox"/>	Completed Application Form
<input type="checkbox"/>	Copy of existing Development Approval (for Section 40/55 Certificate)
<input type="checkbox"/>	Payment of relevant fees
<input type="checkbox"/>	Cover Letter

### COVER LETTER MUST INCLUDE

<input type="checkbox"/>	The trading name of the premises
<input type="checkbox"/>	The proposed hours of operation of the premises
<input type="checkbox"/>	Whether liquor is to be available without the requirement for a substantial meal
<input type="checkbox"/>	Whether the premises will feature a "bar" style facility and encourage drinking on the premises in a manner similar to a hotel or tavern style premises
<input type="checkbox"/>	What, if any, particular types of persons will the applicants seek to provide for at the premises
<input type="checkbox"/>	Whether liquor will only be sold for consumption on the licensed premises or will be also available for take-away customers in packaged form
<input type="checkbox"/>	Any other matter which may be likely to affect the amenity of the locality in which the premises is located

Please note that a Section 39 Certificate cannot be issued until the premises has been inspected by the Shire of York Environmental Health Officer. To arrange an inspection, please call the Shire of York Health Services on 9641 0500.

### OFFICE USE ONLY

ACCEPTANCE OFFICERS INITIALS:		DATE RECEIVED:	
REFERENCE NO:	<b>P</b>	RECEIPT NO:	
		TOTAL FEES PAID:	<b>\$</b>
FEES:	\$79.00 – Section 39	GENERAL LEDGER:	77277
	\$77.00 – Section 40		106202

CERTIFICATE OF LOCAL GOVERNMENT  
 LIQUOR CONTROL ACT 1988  
 Section 39

**THIS SECTION TO BE COMPLETED BY THE LOCAL GOVERNMENT**

I, (full name)			
being the (title)			
for the (name of Local Government)	<b>Shire of York</b>		
hereby certify that the premises known as			
and situated at			
		Postcode	<b>6302</b>

complies with all relevant requirements under the *Health Act 1911*, under the *Food Act 2008*, under any written law relating to the sewerage or drainage of those premises and under the *Local Government Act 1995* and the *Building Act 2011*;

OR

does not comply with the requirements set out above and could not reasonably be made to comply;

OR

does not comply with the requirements set out above but could be made to conform if the following requirements were carried out:-

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Dated the		day of			20
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	_____ Signature of Authorised Officer
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**THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE SUBMISSION TO THE LOCAL GOVERNMENT**

Type of Licence:	<input type="checkbox"/> Casino	<input type="checkbox"/> Hotel (Restricted)	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Special Facility
	<input type="checkbox"/> Club	<input type="checkbox"/> Hotel (Tavern)	<input type="checkbox"/> Nightclub	<input type="checkbox"/> Wholesaler's
	<input type="checkbox"/> Club Restricted	<input type="checkbox"/> Hotel (Tavern Restricted)	<input type="checkbox"/> Producer's	
	<input type="checkbox"/> Hotel	<input type="checkbox"/> Hotel (Small Bar)	<input type="checkbox"/> Restaurant	

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

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**In the case of a Special Facility Licence application:**

**(a) What category is sought? Pursuant to Regulation 9A of the *Liquor Control Regulations 1989***

<input type="checkbox"/> Works Canteen	<input type="checkbox"/> Theatre/Cinema	<input type="checkbox"/> Reception/Function Centre
<input type="checkbox"/> Transport	<input type="checkbox"/> Tourism	<input type="checkbox"/> Education & Training Institution
<input type="checkbox"/> Education & Training Course	<input type="checkbox"/> Sports Arena	<input type="checkbox"/> Foodhall
<input type="checkbox"/> Catering	<input type="checkbox"/> Bed & Breakfast Facility	<input type="checkbox"/> Room Service Restaurant
<input type="checkbox"/> Amusement Venue	<input type="checkbox"/> Auction	

**(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

**(c) Is approval sought to sell and supply liquor on:**

Christmas Day:  YES  NO    Good Friday:  YES  NO    ANZAC Day:  YES  NO

**(d) Is approval sought to sell liquor for consumption off the licensed premises:**  YES  NO

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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*LIQUOR CONTROL ACT 1988*  
CERTIFICATE OF LOCAL PLANNING AUTHORITY – SECTION 40

**Reverse side to be completed by applicant BEFORE SUBMISSION TO THE LOCAL GOVERNMENT**

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

I, <i>(full name)</i>			
being the (title)			
for the (name of Local Planning Authority)	<b>Shire of York</b>		
with respect to an application by (name of applicant)			
hereby certify that the premises known as			
and situated at			
		Postcode	<b>6302</b>
<input type="checkbox"/> Will comply with all relevant planning laws, namely; _____			
OR			
<input type="checkbox"/> Will comply with the relevant planning laws if consent were to be given by the following authority;  i) It is not known whether the authority will give their consent; or ii) It is known that the authority will give that consent subject to the following probable condition / restrictions; _____ _____			
OR			
<input type="checkbox"/> Will not comply with the relevant planning laws for the following reasons: _____ _____ _____			
Dated the		day of	20
			_____ Signature of Authorised Officer

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

**APPLICATION DETAILS**

Category and Type of Licence: \_\_\_\_\_

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

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**In the case of a SPECIAL FACILITY LICENCE application:**

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

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\_\_\_\_\_

(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:  YES  NO    Good Friday:  YES  NO    ANZAC Day:  YES  NO

(d) Is approval sought to sell liquor for consumption off the licensed premises:  YES  NO

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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