

Registration No.: _____ (LILI) (office use only)



Application for Certificate of Local Health Authority - Section 39 (Liquor Licensing)

***Please allow 14 business days processing time**

For applications received between 3-10 business days before the approval is required, an expedited service fee will apply. Charitable and community organisations are not exempt from this fee. Please email completed application for health@kwinana.wa.gov.au

FEES:

NOTE: Fee increases may apply on 1 July each financial year.

Application Fee: \$156 (No GST) Liquor (fee type 307)

Expedited Service fee: \$156 (No GST) (fee type 158)

Name of Applicant: _____

Address: _____

_____ Post Code _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

ADDRESS OF LICENCED PREMISES:

Premises Known as: _____

Street No: _____ Street: _____

Suburb: _____ Post Code _____

Plans showing licensed area attached Yes No

Attached form is completed (Department of Racing, Gaming and Liquor) Yes No

Copy of Food Act Notification/Registration attached Yes No

Do you require approval within 10 business days? Yes No

*If yes, the expedited service fee will apply.

Declaration:

I, _____ (name of the applicant) making this application declare that the information contained in this application is true and correct in every particular.

Signature of applicant: _____ **Date:** _____

In the case of a company, the signing officer must state position in the company

Position (if applicable) _____