

Section 40 Application

To be completed by applicant requesting a Section 40
Liquor Licensing Act 1988



How to submit

Fax this form to the Planning Department on 9727 0223

Email it to info@capel.wa.gov.au

Hand deliver to the Shire Administration building, 31 Forrest Road, Capel

Section 1 – Applicant Details

Name:

Unit:

Street No.

Level

Street Name:

Street Type:

Street Suffix:

PO Box:

Suburb:

State:

Postcode

Country (if not Australia)

Phone:

Fax:

Email:

Contact person for correspondence:

Signature

Date:

Section 2 – Property Details

Lot No:

House No:

Street:

Suburb:

Postcode:

Section 3 – Type of Liquor Licence

Type of Liquor Licence you are applying for:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Special Facility | <input type="checkbox"/> Producer | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Night Club | <input type="checkbox"/> Club / Club Restricted | |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Occasional (maximum three weeks) | | |
| <input type="checkbox"/> Hotel (must select one below) | | | |
| <input type="checkbox"/> Hotel Restricted | <input type="checkbox"/> Tavern | <input type="checkbox"/> Tavern Restricted | <input type="checkbox"/> Tavern Small Bar |

Section 4 – Business Details

Business Name:

Hours of Operation:

- | | | | |
|------------------------------------|-------------|----|-------------|
| <input type="checkbox"/> Monday | _____ am/pm | to | _____ am/pm |
| <input type="checkbox"/> Tuesday | _____ am/pm | to | _____ am/pm |
| <input type="checkbox"/> Wednesday | _____ am/pm | to | _____ am/pm |
| <input type="checkbox"/> Thursday | _____ am/pm | to | _____ am/pm |
| <input type="checkbox"/> Friday | _____ am/pm | to | _____ am/pm |
| <input type="checkbox"/> Saturday | _____ am/pm | to | _____ am/pm |
| <input type="checkbox"/> Sunday | _____ am/pm | to | _____ am/pm |

Section 5 – Office Use Only

Date:

Liquor Licence

Accepting officer initials:

_____ / _____

