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| **FORM 10** |

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**NOTICE OF APPLICATION FOR APPROVAL OF TRANSFER OF LICENCE**

LIQUOR CONTROL ACT 1988

Section 68 & 82

Please print neatly in **BLOCK LETTERS** with a *black* pen only

1. **DETAILS OF LICENCE**

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| (a) Licence number: \_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (b) Name of Licensed Premises: (c) Address of Licensed Premises:  Post Code: (d) Name of Licensee:  |

1. **DETAILS OF APPLICANT/S**

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| (a) Full name of applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Where the applicant is an individual please provide Date of Birth(b) Daytime contact name: E-mail:  Telephone number: ( ) Mobile number: (c) Postal address for service of documents:  (during processing of application) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(d) Postal address for service of documents:  (upon determination of application) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e) Proposed Trading Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **COMPANY DETAILS - To be completed if the applicant is a company**

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| (a) Date of Incorporation: ................./................../.................................. Place of Incorporation: (b) ACN number: \_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (c) **Directors and other Officers**Name: Position: Address: Postcode: Place of Birth: Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ |

**3. COMPANY DETAILS *continued***

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| **Directors and other Officers *continued*** Name: Position: Address: Postcode: Place of Birth: Date of Birth:\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_Name: Position: Address: Postcode: Place of Birth: Date of Birth:\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_(d) **Shareholders** Name: Address: Postcode: Place of Birth: Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_Name: Address: Postcode: Place of Birth: Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_Name: Address: Postcode: Place of Birth: Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_(e) **TRUSTEE DETAILS** Will the applicant hold the licence as a trustee? *YES [ ]  NO* [ ]  If *YES,* give full details of the trust (including name, address and date of birth of all beneficiaries)  Name of Trust:  Name of Beneficiary/Unit Holder Address Date of Birth    |

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| 1. **STATUS OF LICENCE**
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| (a) Is the licence subject to a Protection Order under section 87 of the Act? YES [ ]  NO [ ]  If **YES**, to whom is the Protection Order granted? (b) Is there any dispute between the licensee/former licensee and the owner/lessor of the premises? YES [ ]  NO [ ]  If **YES**, what is the nature of the dispute and what stage has it reached?   |
| 1. **DETAILS OF OWNERSHIP OF PREMISES / TENURE OVER PREMISES**
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| The application cannot be granted unless the applicant has, or will have from the date of transfer, exclusive possession of the whole of the licensed premises. 1. Is the applicant the freehold owner? *YES [ ]  NO* [ ]  If *NO*, give details of the owner and the applicants tenure
2. Name:

(II) Address: Postcode: (III) Phone: Email: 1. (i) Applicant’s tenure: *Lease [ ]  Other* [ ]

 (ii) Will the Applicant have exclusive possession of the licensed premises (ETP area excluded)?  *YES [ ]  NO* [ ]  ***Please note the application cannot proceed to determination unless the applicant has or will have exclusive tenure of the proposed premises.*** (iii) Are there any payments made to the freehold owner or another entity in relation to the turnover of the business? These payments could include rent, marketing, advertising or management fees that are based on the turnover of the business:  *Yes\* [ ]  No* [ ]   \*A completed Profit Sharing application form (Form 16) must be lodged if there are payments in relation to the  turnover of the business.Please note that should the application to transfer the licence be approved and the licensee no longer has exclusive tenure of the licensed premises all rights to the licence will terminate pursuant to s37(5) of the Act.   |
| 1. **CONSENT OF LICENSEE**
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| The person who is the current licensee, whether or not by virtue or a protection order under section 87, or an interim authorisation under section 86 must complete this part unless that person is also the applicant. The applicant understands that all rights to the licence will terminate should it not retain exclusive tenure of the licensed premises.I, (full name of current licensee) hereby consent to the transfer of this licence to (full name of applicant) Dated the day of This consent was freely given by me on the day of  |

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| Signature: Date: Signature: Date: Print name and position: Print name and position:Signature: Date: Signature: Date: Print name and position: Print name and position: |

**7. DECLARATION**

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| **I declare/certify that:** * the information contained in this form, including attachments, is true and correct.
* I am authorised to sign this application on behalf of the applicant entity.

Signature: Date: Signature: Date: Print name and position: Print name and position:Signature: Date: Signature: Date: Print name and position: Print name and position:It is an offence under section 159 of the Liquor Control Act 1988 to make a statement that is false or misleading.Penalty: $10,000. |

**8. PAYMENT DETAILS**

An invoice with detailed payment options will be provided once the application has been received.