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| Form 4 |



**NOTICE OF APPLICATION FOR LICENCE - Conversion/Replacement of Special Facility**

LIQUOR CONTROL ACT 1988

Section 46B(2)

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

**1. DETAILS OF APPLICANT(S)**

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| 1. Current Licence Number: ­­\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ­­­\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ 2. Current Name of Licensed Premises: 3. Name of Licensee:   (d) Address for Service of documents **after** application is determined: Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (e) Contact Person: Email:  Telephone: ( ) Mobile:  Postal Address: Postcode: |

**2. LICENSEE DETAILS**

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| In the case of a partnership or a body corporate, have any circumstances changed in respect of the partners, directors or shareholders of the licensee entity?  *YES  NO*  If yes, please give full details of the changes that have occurred on a separate attachment. |

**3a. APPLICATION DETAILS**

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| **Type of Licence**   |  |  |  |  | | --- | --- | --- | --- | | Hotel  Hotel (Restricted)  Hotel (Tavern) | Hotel (Tavern Restricted)  Hotel (Small Bar)  Nightclub | Liquor Store  Producer’s  Restaurant | Wholesaler’s  Casino |   **Premises Details**  (a) Proposed Trading Name: |

**3b. TRADING HOURS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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 |   Christmas Day:  *YES  NO*  Good Friday: *YES  NO*  Anzac Day: *YES  NO*  Any special trading conditions being sought? |

**3c. SPECIAL CONDITIONS**

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| (a) If **Liquor Store Licence**  Is approval sought for a sampling area? *YES  NO*  If *YES*, part of the premises to be used as a sampling area:  (b) If **Wholesaler’s or Producer’s Licence**  Is approval sought for a sampling area? *YES  NO*  If *YES*, part of the premises to be used as a sampling area:  Is approval sought to store liquor off the licensed premises? *YES  NO*  If *YES*, address of storage premises: Postcode: |

**4. PUBLIC INTEREST ASSESSMENT**

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| (a) In accordance with section 68(1) of the Act, the Public Interest Assessment required to be submitted pursuant to section 38 of the Act, forms part of this Notice of Application and is provided at Attachment  (b) Address where the application and Public Interest Assessment submission can be viewed (if required to be advertised): **(Please note that this address must be within the same locality as the proposed premises)**  Postcode: |

**5. 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. |

**6. PAYMENT DETAILS**

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