**LLD/18**

**SUBMISSIONS IN SUPPORT OR OPPOSITION OF AN APPLICATION**

Liquor Control Act 1988

Section 72A

Please print neatly in **BLOCK LETTERS**

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| **1. PERSON LODGING SUBMISSIONS**  |
| (a) Full name: (b) Postal address:  Post Code: (c) Contact Name: (d) Telephone number: ( ) (e) Email Address:  |
| **2. DETAILS OF APPLICATION** |
| (a) Licence number (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(b) Nature of Application (*ie grant of hotel licence*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e) Name of Licensee/Applicant: (c) Name of Licensed/Proposed Premises: (d) Address of Licensed/Proposed Premises:  Post Code:  |
|  |
| **3. DETAILS OF SUBMISSIONS** |
| Outline details for your submissions in support or opposing of an application:*Please attach further pages as needed*      |
| **4. SIGNATURE** |
| I declare/certify that: * the information contained in this form, including attachments, is true and correct.
* by making a submission to the Director I understand that I am not a party to the proceedings.

Signature: Date: Signature: Date: Name: Name: |

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