

Application for Section 39 Certificate

Local Health Authority
Liquor Control Act 1988

Applicant & Business Details			
Applicants full name:			
Business name:			
Business premises address:			
Postal address:	No.:	Street name:	
	Suburb:		Postcode:
Phone numbers: (H)		(W)	
Email:			

Property Owner Details			
Owners name:			
Postal address:	No.:	Street name:	
	Suburb:		Postcode:
Phone numbers: (H)		(W)	
Email:			

Proposal Details			

Liquor Licence Details			
Category / Type of Licence:			
Have the following been obtained :	YES	NO	N/A
Development Approval (Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 40 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Disposal System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Buildings Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water (potable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration: (Making a false statement may be an offence)	I/We declare that all details in this form are true and correct.	
	Signature of applicant/s:	Date:

SCHEDULE OF FEES - The following fees are payable after application an invoice will be issued Application Fee - \$246 - 26/27 FY