

Application for Section 40 Certificate

Local Planning 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:			

Liquor Licence Details	
Category / Type of Licence:	
Development Approval Number :	(where applicable)
Nature of application / proposed use of premises:	
Floor plan of proposed licenced area attached <input type="checkbox"/> Yes	
Proposed Trading Hours:	

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:

* Invoice for Section 40 Certificate fee will be emailed - \$154.00

All Communications to:

T (08) 9781 0444
E city@busselton.wa.gov.au

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