



Office Use Only	
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Amount Paid	

**NOTICE OF APPLICATION FOR AN EXTENDED TRADING PERMIT
(ONE OFF - CLUB LICENCE - FUNCTION FOR NON MEMBERS)
LIQUOR CONTROL ACT 1988
Sections 60 & 76**

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

1. DETAILS OF LICENSEE

(a) Licence number: _____

(b) Name of Licensee: _____

(c) Name of Licensed Premises: _____

(d) Premises Address: _____
 _____ Post Code: _____

(e) Postal Address: _____
 _____ Post Code: _____

(f) Daytime contact Name: _____ Email: _____
 Daytime Telephone number: () _____ Mobile: _____

(g) If the applicant is not the licensee, describe either the relationship to the licensee or the position in the organisation: _____

2. EXTENDED HOURS APPLICATION

(a) Describe the special occasion or function: _____

(b) What part of the defined licensed premises will be used? _____

(c) Date and times of function/s:-
 Date/s: ____/____/____ Commencing _____ am/pm Finishing _____ am/pm

(d) Local Government Authority in which licensed premises is located: _____

3. EXTENDED AREA APPLICATION

(a) Is the extended area adjacent to the defined licensed area of the premises? YES NO
 If YES, describe the area: _____

(b) Is the extended area "off-site" from the defined licensed premises? YES NO
 (i) If yes, please provide a description of the area: _____

(d) Name of the owner of the adjacent or "off-site" venue: _____

(e) Has the owner of the adjacent or "off-site" venue consent to this application? YES NO

(f) Date and times of function/s:
 Date/s: ____/____/____ Commencing: _____ am/pm Finishing: _____ am/pm

(g) Local Government Authority in which extended area is located: _____

4. GENERAL DETAILS OF APPLICATION

(a) Describe the special occasion or function: _____

(b) Will entertainment be provided? YES NO
If YES, what type of entertainment, and who will provide it? _____

(c) How will be the liquor be sold? Direct Part of entry/cover charge
How will the liquor be served? Unsealed containers Sealed containers
(ie for take away)

(d) How many persons are expected to attend? _____

(e) Does the applicant seek approval to share profits from the function? YES NO
If YES, give details of other person/s concerned:
(i) Name: _____
(ii) Address: _____
(iii) Describe the arrangement and amount of benefit: _____

I declare that all details are true and correct and no relevant information is omitted.

Name of person lodging application (please print)

Telephone

Signature of person lodging application

_____/_____/_____
Date

5. PAYMENT DETAILS

Entering your credit card details below, you give consent for the appropriate application fee to be deducted from your card

Card Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Copy of Receipt (<i>email only</i>): YES <input type="checkbox"/> NO <input type="checkbox"/>
Card Number:	Expiry Date:
Cardholder's Name:	Cardholder's Signature:
Email Address:	

Level 1, 87 Adelaide Terrace, East Perth, Western Australia, 6004
Postal Address: PO Box 6119, East Perth, Western Australia, 6892
Tel: (08) 9425 1888 **Facsimile:** (08)9325 1041 **Country Callers:** 1800 634 541
Email: rql@rql.wa.gov.au **Web Site:** www.rql.wa.gov.au