



**LIQUOR CONTROL ACT 1988**

**APPLICATION FOR CERTIFICATE OF LOCAL GOVERNMENT**

**SECTION 39**

To: City of Gosnells  
PO Box 662  
GOSNELLS WA 6990

I, \_\_\_\_\_ (Full Name)  
of \_\_\_\_\_ (Residential Address)  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Being the \_\_\_\_\_ (Position Held)

Hereby apply for a Certificate under Section 39 of the Liquor Control Act 1988.

Details of Premise subject to the Liquor Licence:

Name of Premise \_\_\_\_\_  
Address of Premise: \_\_\_\_\_  
\_\_\_\_\_

Type of Licence: \_\_\_\_\_  
Purpose of Licence: \_\_\_\_\_

What trading hours are sought:

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

Is approval sought to sell alcohol for consumption off the premises Yes / No  
Will food be provided from the premise Yes / No  
Is approval sought to sell alcohol on; Christmas Day Yes / No  
Good Friday Yes / No  
Anzac Day Yes / No

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
For and on behalf of the above Premise

**Note: • A \$110 fee payable to the City of Gosnells is applicable to this application**

OFFICE USE ONLY			
DATE	RECEIPT NO.	AMOUNT PAID	CASHIERS I.D.