

For office use only:

Application No:		Date Received:	By:
Property File No:		Fees required / paid	\$236.00

Application information

Name of premises or part of premises for which the Planning Certificate is sought –
(e.g. Name of Restaurant or Lounge Bar of Hotel)

Street Address of premises: _____

Legal Description: _____

Zone: _____

Type of Licence

This is an application for:

- ON Licence
- OFF Licence
- CLUB Licence

If more than one licence is being applied for, please use another application form.

Proposed Use of the Premises

(e.g. Bar, Restaurant, Wholesale outlet, Retail outlet, Clubrooms, etc.)

Proposed Hours of Operation

Please specify number of days a week, and the hours the Bar will be open.

Applicant Details

Application made in the name of: _____

Contact Address: _____

Contact telephone number: _____ Fax: _____

Email address: _____

Date: _____ Signature: _____