

Registration No.: \_\_\_\_\_ (LILI) (office use only)



## Application for Certificate of Local Health Authority - Section 39

**\*Please allow 10 business days processing time**

For applications received between 3-10 business days before the approval is required, an expedited service fee will apply. Charitable and community organisations are not exempt from this fee.

### **FEES:**

**NOTE:** Fee increases may apply on 1 July each financial year.

**Application Fee:** \$144 (No GST) Liquor (fee type 307)

**Expedited Service fee:** \$146 (No GST) (fee type code )

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### **ADDRESS OF LICENCED PREMISES:**

Premises Known as: \_\_\_\_\_

Street No: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

Plans showing licensed area attached Yes No

Attached form is completed (Department of Racing, Gaming and Liquor) Yes No

Copy of Food Act Notification/Registration attached Yes No

Do you require approval within 10 business days? Yes No

\*If yes, the expedited service fee will apply.

### **Declaration:**

I, \_\_\_\_\_ (name of the applicant) making this application declare that the information contained in this application is true and correct in every particular.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the case of a company, the signing officer must state position in the company

**Position (if applicable)** \_\_\_\_\_