

office use only

FILE:

ACTION OFFICER

ACTION: (sign & Date)

Noted	Responded
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RECORD NO:

FURTHER REFERRAL:
ACTION OFFICER

ACTION REQUIRED

NOTE or RSPOND	Already received by: EMAIL/FAX
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office use only

FEES PAID:.....

DATE:.....

RECEIPT NO.:.....

APPLICATION NO.....

PAYMENT METHOD:.....

CSO INITIALS

(acc no: 106410)



APPLICATION FOR CERTIFICATE OF LOCAL PLANNING AUTHORITY – SECTION 40 (LIQUOR LICENCE)

I hereby apply for Certificate of Local Planning Authority – Section 40 (Liquor Licence) on this property. Find attached the plans for the proposal.

PROPERTY DETAILS

LOT NUMBER	STREET NUMBER	STREET NAME
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OWNER DETAILS

FULL NAME		
Postal Address		Post Code
Phone (work)	(home)	Fax
Mobile Number		
Contact Person		
Signature		Date
Signature		Date
Signature		Date

The signature of the landowners is required for all applications. This application will not proceed without that signature.

APPLICANT DETAILS

FULLNAME		
Postal Address		Post Code
Phone (work)	(home)	Fax
Mobile Number		
Contact Person		
Signature		Date