## NOTICE OF APPLICATION TO ADD, VARY OR CANCEL CONDITION OF A LICENCE OR PERMIT (GENERAL)

LIQUOR CONTROL ACT 1988 Sections 64 & 68

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

	Licence Number: 638215946321			
)	Name of Licensed Premises: JUKA BEACH BAR AND KITCHEN			
;)	Address of Licensed Premises: 98 0'MAKA BOULEVARD, LUKA			
	Post Code: 602-8			
d)	Name of Licensee: DAKESO HOSPITALITY CHOUP PTY LTD			
(e)	Contact Name: PHIL (OCKMAN Contact Number: OF 6278 2788			
	Email: PHICE CANFORD. COM . AV			
ΞΤ	AILS OF APPLICATION			
(a)	Does the application relate to the licence or to an extended trading permit relating to that licence?			
	∠ Liquor Licence			
(b)	If it relates to an Extended Trading Permit, what is that number of that permit?			
(c)	What new condition, variation or cancellation of the existing condition is sought?  SEE ATTACHED			
(d)	Local Government Authority in which licensed premises is located: UTY OF SOONDAWP			
e)	What are the reasons in support of the application?			
	SEE ATTACHED			

(g) Wholesaler's, Producer's or Spe Is approval sought to store liquor off t	•				
	·	720 [] NO []			
ii 7ES, Name and address of storag	If YES, Name and address of storage premises: Postcode:				
Has the proprietor of the storage prem	Has the proprietor of the storage premises provided consented to the arrangement? YES NO				
*In respect of the Online Wine Sales	licences the off-site s	forage location must be unlicensed	d premises.		
DECLARATION					
I declare/certify that:					
<ul> <li>the information contained in this form, including attachments, is true and correct.</li> <li>I am authorised to sign this application on behalf of the applicant entity.</li> <li>The applicant understands that all rights to the licence will terminate should it not retain exclusive tenure of the licensed premises. (Club Restricted licensee's exclusive tenure is only required during hours approved under the liquor licence.)</li> </ul>					
Signature:	Date:	Signature:	Date:		
( Dec	19/6/24				
Print name and position:		Print name and position:			
PHIL COCKMAN - ACCENT					
Signature:	Date:	Signature:	Date:		
Print name and position:		Print name and position:			
It is an offence under section 159		Act 1988 to make a statement the statement t	nat is false or misleading.		

## 4. PAYMENT DETAILS

An invoice with detailed payment options will be provided once the application has been received.

Email: rgl@dlgsc.wa.gov.au Web Site: www.dlgsc.wa.gov.au