

# Liquor Licence Application

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## Instructions

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### Lodgement

- For details of the lodgement process including the prerequisites and FAQs please see the [lodgement guide](#) for the specific application you are lodging.
- For help with the portal please click on the Help link in the top right corner.

### Navigation

- DO NOT use the web browser buttons to move between pages or sections as this will cancel the form.
- Use the section heading links on the left or the Next button below each page to navigate to the next section.
- All fields with a red \* are mandatory.
- All mandatory or invalid values will be shown in red with a message.
- New sections might appear/disappear based on how you answer certain questions.

### Saving the form

- If at any time you would like to stop filling in this form you can save it by clicking the Save button below the form.
- If the form is left idle on a page for longer than 30 minutes the application will close and will not be saved.

### Cancelling the form

- To Cancel the lodgement of the form, navigate away from it by closing the browser window or following a different link on the menu.

### Progress

- The sections bar on the left give an indication of your progress.

## Applicant Details

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Details of the applicant applying for the grant of a liquor licence.

Applicant Ref	Category	Type
263689	Organisation	Body Corporate

### Name

Potent Group Pty Ltd

### Address

21B Lake Street NORTHBRIDGE WA 6003

Please specify the contact person for this application, including a contact number and email.

### Contact Person Name

Bruce Yoon

### Email

[bruce@changalic.com.au](mailto:bruce@changalic.com.au)

### Telephone

0893252611

### Mobile

0411898575

## Existing Liquor Licence

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Is an existing liquor licence currently attached to the premises?

☒ Yes ☐ No

Please provide the following information in respect of the existing liquor licence

Licence Number

6,340,120,197

Name of the premises

Kara Karaoke

Name of the licensee

Potent Group Pty Ltd

## Licence Type

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### Where is the proposed premises situated?

- ☒ Western Australia (excluding Christmas and Cocos Islands)  
☐ Christmas Island  
☐ Cocos Island

Please select below the type of licence you wish to apply for.

Special Facility Licence

### What is the purpose for which the Special Facility Licence is required?

- ☒ Amusement Venue  
☐ Auction  
☐ Bed and Breakfast  
☐ Catering  
☐ Education and Training Course  
☐ Education and Training Institution  
☐ Foodhall  
☐ Online Wine Sales  
☐ Packet / Transport  
☐ Reception or Function Centre  
☐ Room Service Restaurant  
☐ Sports Arena  
☐ Theatre or Cinema  
☐ Tourism  
☐ Works Canteen

If the liquor licence is granted are you able to commence trading immediately?

- ☒ Yes ☐ No

## Trading Hours

The trading hours for each Special Facility Licence are determined by the Licensing Authority.

Please specify the proposed trading days and hours that you wish to operate under the licence.

<b>From</b> <input type="text" value="Sunday"/>	<b>to</b> <input type="text"/>	<b>To</b> <input type="text" value="Thursday"/>	<b>Ancillary to a meal?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<input checked="" type="checkbox"/> Period <input type="checkbox"/> Anytime <input type="checkbox"/> Anytime to a lodger	<b>Start</b> <input type="text" value="6:00:00 pm"/>	<b>End</b> <input type="text" value="2:00:00 am"/>	<b>Area</b> <input checked="" type="checkbox"/> Metro <input type="checkbox"/> Non-Metro
<b>From</b> <input type="text" value="Friday"/>	<b>to</b> <input type="text"/>	<b>To</b> <input type="text" value="Saturday"/>	<b>Ancillary to a meal?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<input checked="" type="checkbox"/> Period <input type="checkbox"/> Anytime <input type="checkbox"/> Anytime to a lodger	<b>Start</b> <input type="text" value="6:00:00 pm"/>	<b>End</b> <input type="text" value="3:00:00 am"/>	<b>Area</b> <input checked="" type="checkbox"/> Metro <input type="checkbox"/> Non-Metro
<b>From</b> <input type="text" value="Christmas Day"/>	<b>only</b> <input type="text"/>		<b>Ancillary to a meal?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Period <input checked="" type="checkbox"/> Anytime <input type="checkbox"/> Anytime to a lodger			<b>Area</b> <input checked="" type="checkbox"/> Metro <input type="checkbox"/> Non-Metro
<b>From</b> <input type="text" value="New Years Day"/>	<b>only</b> <input type="text"/>		<b>Ancillary to a meal?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Period <input checked="" type="checkbox"/> Anytime <input type="checkbox"/> Anytime to a lodger			<b>Area</b> <input checked="" type="checkbox"/> Metro <input type="checkbox"/> Non-Metro
<b>From</b> <input type="text" value="ANZAC Day"/>	<b>only</b> <input type="text"/>		<b>Ancillary to a meal?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Period <input checked="" type="checkbox"/> Anytime <input type="checkbox"/> Anytime to a lodger			<b>Area</b> <input checked="" type="checkbox"/> Metro <input type="checkbox"/> Non-Metro

## Ongoing Extended Trading Permits

Do you wish to also apply for an Ongoing Extended Trading Permit in relation to this application?

☐ Yes ☒ No

## Premises Details

Please specify the details of the premises to be licenced.

Enter proposed trading name below (if unknown please enter To Be Advised).

Trading name

Premises address

Is the premises owned by the applicant?

☐ Yes ☒ No

Please attach a Certificate of Title or Certificate of Survey.

Certificate of Title.pdf

294 KB

Please confirm the applicant will have exclusive possession of the proposed premises to be licensed (Extended Trading Permit area excluded).

☒ Yes ☐ No

Are there any payments made to any other entity in relation to the turnover of the business?

☐ Yes ☒ No

Please note that should the licence be granted and the licensee no longer has exclusive tenure of the licensed premises all rights to the licence will terminate pursuant to s37(5) of the Act.

## Section 40 (Certificate of Local Planning Authority)

A section 40 Certificate of Local Planning Authority or Development Approval specifying the type of liquor licence sought is required to be lodged prior to the determination of the application, unless the licensing authority otherwise determines.

Are you able to provide a section 40 certificate or Development Approval now as part of this application?

☐ Yes ☒ No

Please specify the date on which an application for planning approval in respect of the licence sought at the proposed premises has been lodged with the relevant local government authority.

3/11/2023

Specify further information regarding lodgement of section 40.

Transaction Reference APP-223210

Application Type Section 40

Lodgement Fee \$73.00

Location Type Property

Properties

21 Lake Street, NORTHBRIDGE WA 6003

Applicant

Potent Group Pty Ltd, 21B Lake Street, Northbridge WA 6003

## Freehold Owner Details

<b>Please specify the type of the freehold owner you would like to enter.</b>		
<b>Is the owner a</b>		
<input checked="" type="checkbox"/> Individual (natural person)		
<input type="checkbox"/> Body Corporate (a registered company - i.e. Pty Ltd, Inc, Ltd)		
<input type="checkbox"/> Partnership (jointly, two or more of the above)		
<input type="checkbox"/> Government Department		
<b>Please specify below the details of the freehold owner.</b>		
<b>Title</b>	<b>Given name(s)</b>	<b>Surname</b>
Ms	ANGELINA	PERRONI
<b>Gender</b>		
<input type="checkbox"/> Male		
<input checked="" type="checkbox"/> Female		
<input type="checkbox"/> Indeterminate / Intersex / Unspecified		
<b>Is this address outside of Australia?</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Postal Address</b>		
30 ROSS A VENUE,		
<b>Postcode</b>	<b>Suburb</b>	<b>State</b>
6020	SORRENTO	WA
<b>Contact Details</b>		
<b>Phone</b>	<b>Email</b>	
0488 533 321	<a href="mailto:commercialpm@timeconti.com.au">commercialpm@timeconti.com.au</a>	
<b>Preferred method of correspondence</b>		
Email		
<b>Please specify the type of the freehold owner you would like to enter.</b>		
<b>Is the owner a</b>		
<input type="checkbox"/> Individual (natural person)		
<input checked="" type="checkbox"/> Body Corporate (a registered company - i.e. Pty Ltd, Inc, Ltd)		
<input type="checkbox"/> Partnership (jointly, two or more of the above)		
<input type="checkbox"/> Government Department		
<b>Please specify below the details of the freehold owner.</b>		
<b>Body Corporate name</b>	<b>ABN</b>	<b>ACN</b>
C. P. A. PTY LTD	36008695725	008695725
<b>Is this address outside of Australia?</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Postal Address</b>		
STUART W BALL & ASSOCIATES, 114 EDWARD STREET,		
C/- Chan Galic Barristers & Solicitors		

<b>Postcode</b>	<b>Suburb</b>	<b>State</b>	
6000	PERTH	WA	
<b>Contact Details</b>			
<b>Phone</b>		<b>Email</b>	
0488 533 321		<a href="mailto:commercialpm@timeconti.com.au">commercialpm@timeconti.com.au</a>	
		<b>Preferred method of correspondence</b>	
		Email	

## SUBMISSIONS

**Please note that the Department may request the lodgement of Public Interest Assessment submissions upon assessment of the application, if deemed necessary.**

### SUBMISSIONS

Please describe the manner of trade.

Please refer to the attached submission

## Mandatory Training Requirement

**An applicant must provide evidence of training as detailed in the [Director's policy on Mandatory Training](#).**

**Please attach training certificate.**

Certificates\_Yongman JOO.pdf

895 KB

## Harm Minimisation

**Please attach a harm minimisation document consisting of a Code of Conduct; House Management Policy and Management Plan as per the [Director's policy on Harm Minimisation](#).**

**Attach harm minimisation document below**

Harm Minimization Policy.pdf

156 KB

## Section 46 Submissions

### Attach section 46 submission below

**Do you wish to attach a section 46 submission?**

☒ Yes ☐ No

**Attach section 46 submissions below**

Section 46 submission to Department of RGL.pdf

240 KB

Section 39 (Health & Building Act)

A section 39 Certificate of Health or Development Approval specifying the type of liquor licence sought is required to be lodged prior to the determination of the application.

Would you like to attach your section 39 documents now?

☐ Yes ☒ No

If the application is approved, a section 39 certificate will be required before trading can commence.

Plans

Plans of the proposed premises are required to be lodged with the application in order for the licensing authority to define the area in which the sale, supply and in some cases, the consumption of liquor will occur if the licence is granted (section 66). Please refer to [Standards of Licensed Premises](#)

Please click on the Select File button below to select the file you wish to upload.

The acceptable formats for uploading documents are:

- Portable Network Graphics (.png)
- Joint Photographic Experts Group (.jpg)
- Graphics Interchange Format (.gif)
- Portable Document Format (.pdf)

Attach Plans and Specifications below

231103 Plan\_Floor\_Kara\_Karaoke.pdf

142 KB

Attach Plans and Specifications below

231103 Plan\_Site\_Kara\_Karaoke.pdf

100 KB

Document Submissions

Below is a list of documents that need to be lodged with your application (including documents already attached). In order to progress your application as efficiently as possible you are strongly encouraged to attach all required documents shown below.

Save this form if you need to obtain electronic copies of any documents not yet attached. If you are unable to obtain electronic copies you will need to submit the required documents by mail or in person however, this may cause a delay to the processing of your application.

	Number of Files	Size in bytes
Training Certificate <input checked="" type="checkbox"/>	1 files	916568 bytes
Harm Minimisation Submissions <input checked="" type="checkbox"/>	1 files	160729 bytes
Plans <input checked="" type="checkbox"/>	2 files	248951 bytes

Declaration

Is there any other information you wish to provide in support of this application?

☐ Yes ☒ No

Is there any other supporting documents you would like to attach?

☐ Yes ☒ No

The applicant declares that all the information in this form and any supporting documentation is true and correct and no relevant information has been omitted.

**Signatory full name**

Bruce Yoon

**Position of Signatory**

Legal Representative

No work will be undertaken on the application until payment has been received. If the fee is paid after the application is lodged, the lodgement period is counted from the day the fee is paid.

In addition, it is recommended to save your application before submitting it to ensure that you don't lose any of your information in an unfortunate event.

**Once saved, click **Submit** below to proceed to the Payment section.**

Submitted By

yongaree1282

Submitted On

16/11/2023