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| **FORM 1** |



**NOTICE OF APPLICATION FOR APPROVAL OF A NON-LIQUOR BUSINESS ON LICENSED PREMISES**

LIQUOR CONTROL ACT 1988

Section 119A

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

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| 1. **DETAILS OF LICENCE** | |
| (a) Licence number:  (b) Name of Licensed Premises:  (c) Address of Licensed Premises:  Post Code:  (d) Name of Licensee:  (e) Daytime contact name of licensee:  Telephone Number for licensee: ( ) E-mail for licensee:  (f) Daytime contact name of proprietor of non-liquor business:  Telephone Number for proprietor: ( ) E-mail for proprietor: | |
| 1. **DETAILS OF THE NON-LIQUOR BUSINESS ON LICENSED PREMISES** | |
| Approval to conduct a non-liquor business on licensed premises is sought by either:  Licensee  Proprietor  (a) Full name of the proposed business:    Name of the person/company in control of the business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  Post Code  (b) Date when proposed business will begin operation \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  (c) Briefly describe the nature of the business and how it will operate within the licensed premises (further information may be requested e.g. floor plans): | |
| (d) (i) What monetary benefits will the licensee gain from the proposed business (eg rent, commission etc):        (ii) Is there an agreement or arrangement in writing? YES  NO  If **YES**, please attach a copy.  (e) Are there currently any other non-liquor businesses operating from the licensed premises? YES  NO  If **YES**, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (f) Has there previously been an approved non-liquor business at the licensed premises?  YES  NO  If **YES**, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **3. DECLARATION** |
| **I declare/certify that:**   * the information contained in this form, including attachments, is true and correct. * I am authorised to sign this application on behalf of the applicant entity.   Signature: Date: Signature: Date:    Print name and position: Print name and position:  Signature: Date: Signature: Date:    Print name and position: Print name and position:  It is an offence under section 159 of the Liquor Control Act 1988 to make a statement that is false or misleading.  Penalty: $10,000. |

1. **PAYMENT DETAILS**

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