



Office Use Only	
Paid Date	
Receipt No.	
Amount Paid	

REQUEST FOR SEARCH OF LICENSED PREMISES

Please also refer to the Director's policy Inspection of Records and Access to Documents regarding accessing certain documents.

1. CONTACT INFORMATION

Name of Person Requesting Search: _____

Contact Number: _____

Email Address: _____

Postal Address: _____

2. PREMISES IDENTIFICATION

Licence Number: _____

Name of Licensed Premises: _____

Address of Licensed Premises: _____

3. INFORMATION REQUIRED

**Consent of Licensee Required*

Search Required	Fee
<input type="checkbox"/> Search of Licence Record* <i>Please specify the documents you wish to access</i> <i>#Additional fee for photocopying documents may be required</i>	\$53#
<input type="checkbox"/> Duplicate Licence* <input type="checkbox"/> Duplicate Permit* – please specify permit number _____ <i>(For displaying on licensed premises)</i>	\$36/licence or permit
<input type="checkbox"/> Certified Licence* <input type="checkbox"/> Certified Permit* – please specify permit number _____ <i>(For</i> <i>legal purposes)</i>	\$56/licence or permit
<input type="checkbox"/> Copy of decision of the Commission or Director	\$28/decision
<input type="checkbox"/> Copy of Plan/s of licensed premises* <input type="checkbox"/> Copy of Plan/s of extended trading permit* – permit no: _____ <i>(For retention on licensed premises)</i>	\$28/sheet
<input type="checkbox"/> Certified copy of Plan/s of licensed premises* <input type="checkbox"/> Certified copy of Plan/s of extended trading permit* – permit no: _____ <i>(For legal purposes)</i>	\$41/sheet
<input type="checkbox"/> List of Licensed Premises <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic Format (<i>Excel Spreadsheet</i>) <input type="checkbox"/> 1 – 10 postcodes <input type="checkbox"/> 10 or more postcodes	\$91 \$60 \$41 \$90
<input type="checkbox"/> Work Orders* <input type="checkbox"/> Copy of document*	\$4/page
<input type="checkbox"/> Liquor Returns* <i>(Wholesaler's and Producer's licences only)</i>	\$4/page

4. SIGNATURE OF APPLICANT

Signature of Applicant _____
Date

5. CONSENT OF LICENSEE *if applicable*

a) Where the licensee is a company that has a common seal:

The common seal of _____ was hereunto affixed in accordance with section 127 of the *Corporations Act 2001* and the Articles of Association in the presence of:

Signature of Director _____
Name of Director

Signature of Director _____
Name of Director

b) Where the licensee is a company that does not have a common seal

Signature of Director _____
Name of Director

Signature of Director _____
Name of Director

c) Where the licensee is one or more individual persons

Signature of Licensee _____
Signature of Witness

Signature of Licensee _____
Signature of Witness

6. PAYMENT DETAILS

Entering your credit card details below, you give consent for the appropriate application fee to be deducted from your card

Card Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Copy of Receipt (<i>email only</i>): YES <input type="checkbox"/> NO <input type="checkbox"/>
Card Number:	Expiry Date:
Cardholder's Name:	Cardholder's Signature:
Email Address:	