



APPLICATION TO CONSUME LIQUOR

The following Application Form must be filled out and returned to the Shire of Morawa, no less than **7 working days prior to dated function**. All functions taking place in a Council owned building must gain permission from Council for the consumption of liquor. **The approval of this Application does not permit the sale of liquor**. For further information relating to the sale of liquor please contact the Department of Racing, Gaming and Liquor, at www.rgl.wa.gov.au.

1. DETAILS OF APPLICANT

Please print neatly in **BLOCK LETTERS**

- (a) Name of Applicant: _____
If a club, association or organisation, is the club, association or organisation Incorporated? YES NO

(If not incorporated, in section (a) please specify the name of the individual who will hold the licence on behalf of the club, association or organisation)

- (b) Date of Birth (where the applicant is an individual): ____/____/____

- (c) Postal Address: _____

_____ Post Code _____

- (d) Daytime Contact Name: (____) _____ Email: _____

- (e) Daytime Telephone Number: (____) _____ Fax Number: (____) _____

Mobile: _____

- (f) Contact name and telephone number of event host
(present during the function)

_____ (____) _____

2. DETAILS OF APPLICATION

- (a) Name of Venue: _____

- (b) Description of Function: _____

- (c) Date of Function: _____

- (d) Time of Function: (start & finish) _____

(e) Will entertainment be provided? YES NO
If YES, what type of entertainment and who will provide it?

(f) Have the police been advised of the application? YES NO
Name District and contact telephone number of Police Officer who has
been advised:

_____ () _____

(g) Please provide details of the facilities and controls which will be used to
ensure the disposal/ consumption is conducted in a responsible and proper
manner:-

3. DECLARATION BY APPLICANT

I declare that all details are true and correct and no relevant information is omitted.
*(Please note: under section 159 of the Liquor Control Act 1988, it is an offence to
make a statement that is false or misleading. Penalty: \$10 000.)*

Name of applicant (please print): _____ Tel:(__)

Signature of applicant *(includes individual or *authorised person on behalf of applicant
organisation)*

Signature applicant: _____

**If lodging the application on behalf of an incorporated body, please also state your
position/relationship with the applicant organisation*

Position/Relationship with applicant organisation: _____

Date: _____

Office Use Only:			
Approval	Yes	No	Date
Signature		CEO	