



LOCAL LAWS

APPLICATION FOR CONSUMPTION OR POSSESSION OF LIQUOR IN PUBLIC PLACES

Collection Notice

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Fields marked with a red asterisk (*) must be filled out.

Business / Organisation Details:

Applicant Name*:	Organisation:
Organisation / Applicant Postal Address*:	
Contact Name*:	Phone*:

Event Details*:

Type of Event:	<input type="checkbox"/> Wedding	<input type="checkbox"/> Family Function	<input type="checkbox"/> Community Function
	<input type="checkbox"/> Business Function	<input type="checkbox"/> Sporting Function	<input type="checkbox"/> Other (please specify):
Event Location*:			
Requested Date(s):	Start Date:	Finish Date:	
Requested Times:	Start Time:	End Time:	
Number of people attending event:			

Statement by Applicant*

By signing this form, I, _____ (the undersigned), hereby acknowledge that: This permit authorizes the Permit holder to operate only to the extent that Council is able to grant this authority. It may be that the permission, approval, consent or authority of some other person or entity must be obtained. Nothing in this Permit represents (or should be taken as representing) that the Permit holder has all permits, approvals, consents and authorities that are necessary to operate lawfully.

Signature*:



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Name printed*:

Date*:

Application Checklist

Please attach the following documents in support of this application:

Public Liability Insurance (A copy of your Certificate of Currency **MUST** be attached)

A Risk Management plan **MUST** be completed and attached