

**CITY OF SWAN**  
**APPLICATION FOR A SECTION 39 CERTIFICATE**  
**LIQUOR LICENCE**



**To: Chief Executive Officer**  
**City of Swan**  
**PO Box 196**  
**MIDLAND WA 6936**  
**Attention: Health Services**

<b>APPLICANT DETAILS</b>	
Applicant's Name:	
Postal Address:	
Suburb:	Post Code:
Daytime Phone:	Fax No:
Mobile:	Email:

<b>Name of Premises:</b>		
Address of Premises:		
Type of Premises:		
The proposed activities and area for which the application is sought:		
Number of patrons to be accommodated:	Size of licensed area:	m <sup>2</sup>
No. of existing public toilets:	<i>Male :</i>	<i>Female :</i>

**FURTHER INFORMATION TO BE SUBMITTED:**

<ol style="list-style-type: none"> <li>1. A scaled floor / site plan showing the area in which licence is sought.</li> <li>2. A copy of the completed Liquor licence application form.</li> </ol>
<b>Applicant's Signature: X</b> <span style="float: right;">Date</span>

**APPLICATION FEE: \$168.00**

**PAYMENT OPTIONS**

**Pay in Person**  
 At City of Swan Council Office, cnr Morrison Rd & Great Northern Hwy between hours 8:00am - 4:30pm Monday to Friday

**Pay by Mail**  
 Send form together with your cheque or money order. Or if paying by credit card complete the section provided on the right. Send to Council office at above address.

<b>PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD</b>																			
Name as shown on Card .....																			
Card Holder Address .....																			
.....Signature .....																			
<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa																	
Amount \$ _____		Expiry Date ____/____																	
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