

APPLICATION FOR CERTIFICATE OF LOCAL HEALTH AUTHORITY**SECTION 39 – Liquor Control Act 1988**

Name of Applicant: _____

Address: _____

_____ Post Code _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

ADDRESS OF PREMISES SUBJECT TO THE APPLICATION:

Premises Known as: _____

Street No: _____ Street: _____

Suburb: _____ Post Code _____

Plans showing licensed area attached YES/NO

Attached form is completed YES/NO

Signature: _____ Date: _____

OFFICE USE

Health Application Number: _____

CS/CA Officer: _____

Liquor Licence Section 39 Application fee applies. Please refer to the City of Melville Fees and Charges.