

LIQUOR LICENCE CHECKLIST

PLEASE TICK
WHEN
COMPLETE

LICENSED PREMISES DETAILS

PERSONAL DETAILS OF PROPOSED LICENCE HOLDER

PERSONAL DETAILS OF OTHER PERSON/S INVOLVED

DETAILS OF COMPANY INVOLVED IN LICENSED PREMISES BUSINESS

OWNER OF BUILDING (LANDLORD) DETAILS

LICENSEE'S COURSE CERTIFICATE (ON-PREMISES, HOTEL, NIGHTCLUB OR CATERING ONLY)

RSA COURSE CERTIFICATE (ALL APPLICATIONS)

NSW POLICE - NATIONAL POLICE CHECK P799 (ALL APPLICATIONS)

PHOTOCOPIES OF LICENSEE'S THREE FORMS OF ID (ALL NEW & TRANSFER APPLICATIONS)

LIQUOR LICENCE CERTIFICATE (TRANSFER APP ONLY)

PLAN OF PREMISES (ALL NEW APPLICATIONS)

COPY OF SIGNED LEASE AGREEMENT (NEW APP ONLY)

COPY OF MENU (NEW ON-PREMISES, HOTEL, NIGHTCLUB OR CATERING ONLY)

LIST OF ALL ITEMS CONTAINED WITHIN LICENSED PREMISES (NEW APP ONLY)

CERTIFICATE OF REGISTRATION OF BUSINESS NAME (ALL APPLICATIONS)

DEVELOPMENT APPLICATION APPROVAL (NEW APP ONLY)

APPROVAL LETTER FROM LANDLORD GIVING PERMISSION (NEW APP ONLY)

New Liquor Licence Application

Please complete sections: 1, 2, 3, 4, 5, 6, 7, 8, 9.

New Packaged Liquor or Producer/Wholesaler Licence Application

Please complete sections: 1, 4, 6, 7, 8, 9.

Liquor Licence Transfer Application

Please complete sections: 1, 6, 7, 8, 9.

ANY INQUIRIES

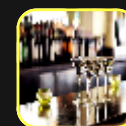
ArtisanOz Consulting

ACN: 132 334 493

ABN: 41 132 334 493

PLEASE CONTACT:

SHANE WORKMAN
ARTISANOZ CONSULTING



MOBILE: 0404 488 855

FAX: 1300 177 260

EMAIL: shane@aoh.com.au

WEB: www.aoh.com.au

LIQUOR LICENCE INFORMATION SHEET

1

PLEASE PRINT CLEARLY

LICENSED PREMISES DETAILS

PLEASE PRINT CLEARLY

1

NAME OF PREMISES:
(As shown on Liquor Licence and/or
Registration of Business Name)

ADDRESS OF PREMISES:

STREET ADDRESS

SUBURB

STATE

POSTCODE

LIQUOR LICENCE NO:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PREMISES PHONE:

PREMISES FAX:

WEBSITE:

2

ON-PREMISES / HOTEL / BAR / CLUB ONLY

SANITARY FACILITIES

ON-PREMISES / HOTEL / BAR / CLUB ONLY

2

MALE TOILET(S):

Insert number

URINAL(S):

Eg. 1 person, 3 person

WASH BASIN(S):

Insert number

FEMALE TOILET(S):

Insert number

WASH BASIN(S):

Insert number

UNISEX TOILET(S):

Insert number

WASH BASIN(S):

Insert number

DISABLED TOILET(S):

Insert number

WASH BASIN(S):

Insert number

3

ON-PREMISES / HOTEL / BAR / CLUB ONLY

SEATING

ON-PREMISES / HOTEL / BAR / CLUB ONLY

3

INDOOR SEATING (GROUND FLOOR):

Insert number as shown on Council DA

INDOOR SEATING (FIRST FLOOR):

Insert number as shown on Council DA

OUTDOOR SEATING:

Insert number as shown on Council DA

TOTAL SEATING WITHIN LICENSED PREMISES:

Insert number as shown on Council DA

4

AS SHOWN ON COUNCIL DA

TRADING HOURS

AS SHOWN ON COUNCIL DA

4

	START TIME	FINISH TIME
MONDAY	<input type="text"/>	<input type="text"/>
TUESDAY	<input type="text"/>	<input type="text"/>
WEDNESDAY	<input type="text"/>	<input type="text"/>
THURSDAY	<input type="text"/>	<input type="text"/>
FRIDAY	<input type="text"/>	<input type="text"/>
SATURDAY	<input type="text"/>	<input type="text"/>
SUNDAY	<input type="text"/>	<input type="text"/>

LIQUOR LICENCE INFORMATION SHEET

5

ON-PREMISES / HOTEL / BAR / CLUB ONLY

KITCHEN FACILITIES

ON-PREMISES / HOTEL / BAR / CLUB ONLY

5

LIST OF ITEMS CONTAINED WITHIN KITCHEN

If insufficient space, please attach extra page containing all items within Kitchen

6

PERSONAL DETAILS OF PROPOSED LICENCE HOLDER

6

LICENSEE'S NAME:
FIRST NAME SURNAME

CURRENT ADDRESS:
STREET ADDRESS

SUBURB STATE POSTCODE

DATE OF BIRTH: | |

PLACE OF BIRTH:
TOWN COUNTRY

HOME PHONE: WORK PHONE:

MOBILE PHONE: D/LIC NO: STATE:

HAVE YOU EVER BEEN BANKRUPT BEFORE? IF SO WHEN?:

HAVE YOU EVER BEEN A LIQUOR LICENSEE BEFORE?: YES OR NO

IF YES, LICENSED PREMISES NAME: LOCATION:

LICENSEE PERIOD START DATE: | |

LICENSEE PERIOD FINISH DATE: | |

HAVE YOU EVER BEEN FINED FOR A LIQUOR LICENCE OFFENCE?:

LIQUOR LICENCE INFORMATION SHEET

7

DETAILS OF OTHER PERSON/S INVOLVED IN LICENSED PREMISES

7

NAME:

FIRST NAME

SURNAME

ADDRESS:

STREET ADDRESS

SUBURB

STATE

POSTCODE

DATE OF BIRTH:

 | |

PLACE OF BIRTH:

TOWN

COUNTRY

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

D/LIC NO:

STATE:

7

DETAILS OF OTHER PERSON/S INVOLVED IN LICENSED PREMISES - CONT

7

NAME:

FIRST NAME

SURNAME

ADDRESS:

STREET ADDRESS

SUBURB

STATE

POSTCODE

DATE OF BIRTH:

 | |

PLACE OF BIRTH:

TOWN

COUNTRY

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

D/LIC NO:

STATE:

LIQUOR LICENCE INFORMATION SHEET

8

DETAILS OF COMPANY — INVOLVED IN LICENSED PREMISES

8

COMPANY NAME:

ADDRESS OF BUSINESS:

STREET ADDRESS

SUBURB

STATE

POSTCODE

ACN #:

ABN #:

9

OWNER OF BUILDING — IF OWNED BY COMPANY

9

COMPANY NAME:

(If Company)

COMPANY ADDRESS:

STREET ADDRESS

SUBURB

STATE

POSTCODE

ACN #:

ABN #:

COMPANY PHONE:

COMPANY FAX:

9

OWNER OF BUILDING — IF OWNED BY PERSON

9

OWNER'S NAME:

(If Individual)

FIRST NAME

SURNAME

ADDRESS:

STREET ADDRESS

SUBURB

STATE

POSTCODE

PHONE:

FAX:

DRIVER'S LICENCE NO:

STATE ISSUED:

DATE OF BIRTH:

PLACE OF BIRTH:

TOWN

COUNTRY