



To: Shire of Northam  
 PO Box 613  
 Northam WA 6401

Would you please complete a Section 39 for a liquor licence application for the following premises:

Name Proprietor: ..... Trading Name: ..... Business Name: ..... ABN:..... Address Business: .....
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**LIQUOR LICENSING DETAILS:**

Category and Type of Licence

.....  
 .....

Nature of application and an outline of proposed use of the premises

.....  
 .....  
 .....

In the case of a *SPECIAL FACILITY LICENCE* application:-

(a) For what purpose is the licence sought? (Refer to Regulation 9A of the *Liquor Control Regulations 1989*)

.....  
 .....  
 .....

(b) What trading hours are sought?

DAY	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



