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8.00am - 4.00pm MON - FRI

Liquor Application

This form is for the purpose of requesting permission to have alcohol on Council owned or managed premises and public places.

Liquor Guidelines

Alcohol may only be taken onto Council owned or managed premises and public places if the following applications have been made and approval granted:

1. If alcohol is going to be brought on a BYO basis the hirer must apply in writing (using this form) to the Chief Executive Officer. Approval is subject to the discretion of the Chief Executive Officer.
2. Live entertainment events/venues over 200 patrons are not able to have BYO exemptions under Department of Racing, Gaming and Liquor policy regarding Exemptions to the *Liquor Control Act 1988*.
3. Applicants who intend to sell alcohol either direct or indirect (included in the price of a ticket etc.) must gain permission from the Chief Executive Officer, Shire of Wyndham East Kimberley (using this form) then apply for an Occasional Liquor License from the Department of Racing, Gaming and Liquor (Liquor Licensing Division). If approval is granted a copy of the Occasional License and any conditions contained therein must be forwarded to the Shire of Wyndham East Kimberley, at least one week prior to the function with a plan showing the licensed area.

Further to the above, the application must also align with the Shire of Wyndham East Kimberley's CP/COM 3584 Alcohol Management Policy,

1. APPLICANT

Name			
Postal address			
Residential address			
Home phone	Work phone	Mobile	
Email			
Contact person			

2. APPLICATION DETAILS

Venue or location			
Date(s)			
Hours	From: ____:____ am/pm To: ____:____ am/pm		
Function purpose			
Expected number of guests	Alcohol will be	BYO <input type="checkbox"/>	Sold <input type="checkbox"/> Provided <input type="checkbox"/>
Licensee Name (for Occasional Liquor)			
Details of quantities of alcohol to be brought onto site			
Security will be provided by			

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Applicant Signature Date / /

OFFICE USE ONLY

3. APPROVAL

Liquor application approved	Y <input type="checkbox"/> N <input type="checkbox"/>
Approving Officer Name	
Approving Officer Title	

.....

Approving Officer Signature Date / /