

Application for a Liquor Permit

Section	1:	APF	PLIC	ANT	DET	AIL	.S
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Section I: APPLICANT D	ETAILS	5							
Name:									
Postal address:									
r cotar dadreos.	Town:							Postcode:	
Telephone No.	(H)			(w)			(M)		
Email address:									
Section 2: EVENT DETA	ILS								
Event location:									
Date(s) and time(s) of activity:									
Type of event:									
Number of attendees:									
Section 3: DECLARATIO	N This fo	orm must be	e signed.					_	
A . I declare that I am the applicant and all information given is true and correct.		Applicant	: signo	iture:			Date:		
PLEASE FORWARD THIS	APPLI	CATION T	0						

E-mail: compliance.admin@bawbawshire.vic.gov.au Mail: Compliance Department, Baw Baw Shire Council

PO Box 304

In Person: Customer Service Centre: 33 Young Street, Drouin Warragul VIC 3820

OFFICE USE ONLY

Fee		Date received	Received by	Permit number
Application	\$52.00			
Permit	\$93.60			

IMPORTANT INFORMATION

Your application will be processed within 5 - 10 business days of receipt. If you have any questions, or require assistance completing this form, please contact Community Compliance on 5624 2411. Please provide a site map to assist in the assessment of the application.

PRIVACY STATEMENT

The personal information requested on this form is being collected to enable Council to consider the permit application. Council will use this information for this purpose, or one closely related, and may disclose this information by law in accordance with the Privacy and Data Protection Act 2014. The applicant may apply to Council for access and/or amendment of the information by contacting Council's freedom of information/privacy officer on 5424 2411.

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