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PO Box 99, Dumbleyung WA 6350 Website: <a href="mailto:www.dumbleyung.wa.gov.au">www.dumbleyung.wa.gov.au</a>

## **Application for Approval to Consume Liquor on Shire Property**

	APP	LICANT DETAILS	
Applicant Name			
(Business/Personal Name)			
ABN			
Address Details	Street:		
	Town:	State	: Postcode:
Postal Address	Street:		<u>,                                      </u>
	Town:	State:	Postcode:
Contact Number		1	·
Contact Person			
Contact Email			
	l		
	Ε\	VENT DETAILS	
<b>Event Name</b>			
Purpose of Event			
Location			
<b>Event Dates</b>	To:		From:
Times incl. clean-up and	То:		From:
setup			
<b>Expected Attendance</b>			
<ol> <li>The preponderance of thos</li> <li>No person under the legal of</li> <li>Alternative non-alcoholic binous</li> <li>No person under the age of appropriately trained to ad</li> <li>No state funds will be used</li> <li>Drinks must be kept in the or</li> </ol>	ng and consumption of lic beverages will never attending must be controlled by the c	f alcoholic beverages: er be the primary reason for to flegal drinking age. be served. I be served. serve wine, beer or other alcoholic beverage er or other alcoholic beverage	he gathering. oholic beverages, and servers must be ng of wine, beer or other alcoholic beverages.
	st dispense alcoholic be- e-approved "Last Drin	ks" time is to be set and the I	II be taken to ensure that no person underage of Bartender will stop dispensing alcoholic
	•	•	ed from the Office of Racing,
Samue Eldagii ilaa ti		ppca 1011	
The undersigned has read	l these guidelir	nes and will conforn	n to policies as stated. Please
sign and return to the Shi	_		•
			<del>-</del>
Applicant S	Signature		 Date

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APPROVED	NOT APPROVED	
RESTRICTIONS:		
Gavin Treasure Chief Executive Officer	Date	_

Note: This approval is granted on the understanding that the liquor permit/license if required has/will be received.