|  |  |
| --- | --- |
| **LIMITED LIQUOR LICENSE NOTIFICATION** |  |

*MMP Telephone: 08 8535 6020*

*Email:* [*darren.vance@police.sa.gov.au*](mailto:darren.vance@police.sa.gov.au)

OLGC Email: [limitedlicences@sa.gov.au](mailto:limitedlicences@sa.gov.au)

**(THIS IS NOT AN OFFICIAL DOCUMENT)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I | |  | | | | | | | | | |
| (Name of Applicant and Title) | | | | | | | | | | | |
| Date of Birth | |  | | | | | | | | | |
| Of | |  | | | | | | | | | |
| (Business/Organisation Name) | | | | | | | | | | | |
| Postal Address | |  | | | | | | | | | |
| Contact Number | |  | | | | | | | | | |
| Fax Number | |  | | | | | | | | | |
| Email Address | |  | | | | | | | | | |
| Wish to apply for a Limited License for the Sale  Consumption  of liquor and seek approval to have this license granted by the Liquor License Commissioner. | | | | | | | | | | | |
| Function to be held by | | | |  | | | | | | | |
| Nature of function | | | |  | | | | | | | |
| Date of Function | | | |  | | | | | | | |
| Function Address Location | | | |  | | | Approximate Numbers Attending | |  | | |
| Will the Function utilise Security Services | | | | | | | Yes  No | | | | |
| If Yes, how many | | |  | | | | Security Company Name | | |  | |
| Proposed target Families  Youth  Aged  Individuals  General Community | | | | | | | | | | | |
| Start time |  | | | | Finish time |  | | Responsible Person | | |  |
| Method of supply Booth  Caravan  Tent  Other  (Specify) | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVAL** | | | |
| **Approval by District Council of Loxton Waikerie** | | **Approval by Murray Mallee Police** | |
| Authorising Officer |  | Authorising Officer |  |
| Dated |  | Dated |  |
| Signature |  | Signature |  |

|  |  |
| --- | --- |
| Any Conditions |  |
|  |  |
|  |

**THIS FORM IS TO BE COMPLETED AND AUTHORISED BY THE RELEVANT COUNCIL AND MURRAY MALLEE POLICE CRIME PREVENTION SECTION FOR SUBMISSION WITH THE APPLICATION FOR A LIMITED LICENCE FORM.**

**OFFICE USE ONLY**

***FAX / E-MAIL APPLICANT***  ***O/C STATION***  ***TCG  DATABASE***