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

*MMP Telephone: 08 8535 6020*

*Email:* *darren.vance@police.sa.gov.au*

OLGC Email: limitedlicences@sa.gov.au

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

|  |  |
| --- | --- |
| 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)       |

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| **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 [ ]***