

Application for Section 39 Certificate

Local Health Authority, Liquor Control Act 1988 2025-2026



APPLICANT & PREMISES DETAILS

Full name(s):

Business Name:

Phone:

Email:

Business Address:

Townsite:

Postcode:

Postal Address:

Townsite:

Postcode:

PROPERTY OWNER DETAILS

Owner Name(s):

Phone:

Email:

Postal Address:

Townsite:

Postcode:

PROPOSAL DETAILS

Please attach a separate page if required, noting here if you have done so.

LIQUOR LICENCE DETAILS

Category/Type:

Have the following been obtained?

YES

NO

N/A

Development Approval (Planning)

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Building Permit

☐☐☐

Section 40 Certificate

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Effluent Disposal System Approval

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Public Buildings Registration

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Food Business Registration

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Water Quality Testing (where scheme drinking water is not available)

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SUBMISSIONS

When lodging this form, please ensure that all required information and attachments have been provided. Failing to do so may result in delays to your application.

Please be aware that by submitting this application, you will be required to pay an **Application Fee of \$200.00**. You will be contacted by the Shire for payment.

I / We, the Applicant(s), declare that all details in this form are true and correct.

Signature 1: _____

Date: _____

Signature 2: _____

Date: _____



(08) 9780 4200



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