

Office Use Only	
Paid Date	
Receipt No.	
Amount Paid	

**NOTICE OF APPLICATION TO ADD, VARY OR CANCEL CONDITION OF A LICENCE OR PERMIT
(GENERAL)**

LIQUOR CONTROL ACT 1988

Sections 64 & 68

Please print neatly in **BLOCK LETTERS** with a *black* pen only

1. DETAILS OF LICENSEE

- (a) Licence Number: **609218135022**
- (b) Name of Licensed Premises: **X-GOLF NEDLANDS**
- (c) Address of Licensed Premises: **UNIT 6 / 158 STIRLING HIGHWAY, NEDLANDS** Post Code: **6009**
- (d) Name of Licensee: **WALMAH ENTERPRISES PTY LTD**
- (e) Contact Name: **PHIL COCKMAN** Contact Number: **08 6278 2788**
- Email: **PHIL@CANFORD.COM.AU**

2. DETAILS OF APPLICATION

- (a) Does the application relate to the licence or to an extended trading permit relating to that licence?
- ☒ Liquor Licence ☐ Extended Trading Permit
- (b) If it relates to an Extended Trading Permit, what is that number of that permit? **N/A**
- (c) What new condition, variation or cancellation of the existing condition is sought?
- SEE ATTACHED COVER LETTER**
- (d) Local Government Authority in which licensed premises is located: **CITY OF NEDLANDS**
- (e) What are the reasons in support of the application?
- SEE ATTACHED COVER LETTER**
- (f) Does the applicant have an exclusive right to occupy the proposed licensed premises? YES ☒ NO ☐

Please note the application cannot proceed to determination unless the applicant has exclusive tenure of the proposed premises. (Club Restricted exclusive tenure is only required during hours requested under the liquor licence.)

(g) Wholesaler's, Producer's or Special Facility Online Wine Sales Licences*

Is approval sought to store liquor off the licensed premises? YES ☐ NO ☐

If YES, Name and address of storage premises: _____

Postcode: _____

Has the proprietor of the storage premises provided consented to the arrangement? YES ☐ NO ☐

*In respect of the Online Wine Sales licences the off-site storage location must be unlicensed premises.

3. DECLARATION

I declare/certify that:

- the information contained in this form, including attachments, is true and correct.
- I am authorised to sign this application on behalf of the applicant entity.
- The applicant understands that all rights to the licence will terminate should it not retain exclusive tenure of the licensed premises. (Club Restricted licensee's exclusive tenure is only required during hours approved under the liquor licence.)

Signature:



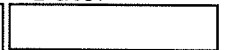
Date:

1/10/24

Signature:



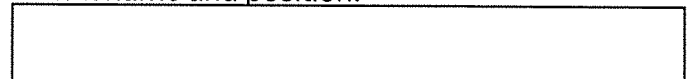
Date:



Print name and position:

PHIL COCKMAN - AGENT

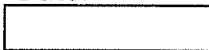
Print name and position:



Signature:



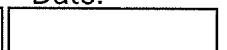
Date:



Signature:



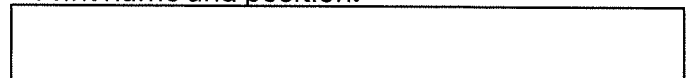
Date:



Print name and position:



Print name and position:



It is an offence under section 159 of the Liquor Control Act 1988 to make a statement that is false or misleading.

Penalty: \$10,000.

Level 2, Gordon Stephenson House, 140 William Street, Perth, WA, 6000

Postal Address: PO Box 8349, Perth Business Centre, WA, 6849

Tel: (08) 6551 4888 Facsimile: (08) 9325 1041 Country Callers: 1800 634 541

Email: rgl@dlgsc.wa.gov.au Web Site: www.dlgsc.wa.gov.au