Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

Form 11

NOTICE OF APPLICATION TO AMEND OR CANCEL LICENCE OR PERMIT CONDITION (GENERAL)

Liquor Control Act 1988 – Section 64

Please print neatly in **BLOCK LETTERS**

SECTION 1 – DETAILS OF LICENCE & LICENSEE

Licence Number: 638209899017

Licensee Name: Happy Heart Pty Ltd

Licensed Premises Name: The Rechabite

Licensed Premises Address: 224 William Street

Suburb: Perth **State:** WA **Postcode:** 6000

Contact No: 0401288132

Email Address: carl@theleederville.com

SECTION 2 – DETAILS OF APPLICANT

Does the application relate to the licence or to an extended trading permit attached to that licence?

Liquor Licence ☐ **Extended Trading Permit** ☒

Please provide the permit number 0221189224

What new condition, variation or cancellation of the existing condition is sought?

2. Authorisations and Conditions pursuant to s Of the Liquor Control Act 1988 the licensee isauthorised to sell andsupply liquor, for consumption on the premises only during the following hours: Thursday evening: 12 midnight until 2a.m., Friday and Saturday evenings from 12 midnight until 3 a.m. the following morning; Sunday evenings from12midnight until 1 a.m. the following morning.

Which Local Government Authority is the licensed premises located in?

City of Perth

Please provide reasons in support of this application?

Please see attached summary and supporting documentation

Does the applicant have an exclusive right to occupy the proposed licensed premises?

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.) **YES** ☒ **NO** ☐

SECTION 3 – WHOLESALER / PRODUCER / SPECIAL FACILITY ONLINE WINE SALE LICENCE

Off-site storage for Online Wine Sales licences must be at unlicensed premises.

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

If YES, please complete the below.

Name of Storage Premises:

Address of Storage Premises:

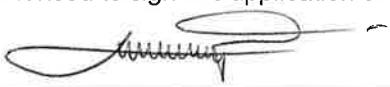
Suburb: **State:** **Postcode:**

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

SECTION 4 – DECLARATION

I hereby declare and 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.



Signature | 19/10/26 Date

Full Name: Carl Leembruggen

Position Title: Asset Manager

Signature | Date

Full Name:

Position Title:

Signature | Date

Full Name:

Position Title:

Signature | Date

Full Name:

Position Title:

IMPORTANT NOTE: It is an offence under *Liquor Control Act 1988* to make a statement that is false or misleading.

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