**LIQUOR CONTROL ACT 1988**

**PERSONAL PARTICULARS**

**INSTRUCTIONS**

1. Please print neatly in **BLOCK LETTERS** with a *black* pen only
2. The declaration on the last page **must** be signed and dated where indicated
3. If there is insufficient space please provide details on a separate sheet
4. **Every question *must* be answered unless not applicable - if a question is not applicable, please indicate with “*N/A*”**
5. Any omission or false or misleading information may itself lead to the application being refused
6. The form must be lodged with the appropriate application form at the office of the Director of Liquor Licensing

**PURPOSE OF FORM LLD/5**

Provides personal particulars about any person associated with a liquor licence application in a capacity as a licensee, director, shareholder or a trustee.

Completion of the form by the relevant individuals will amount to compliance with Regulation 13 and Schedule 2 of the *Liquor Control Regulations 1989*, in most cases. If further details are required the applicant will be advised of those requirements.

**PERSONS TO PROVIDE PARTICULARS**

This form is to be completed by the following persons in relation to the following applications:-

**Grant of Licence (except an Occasional Licence) or Transfer of Licence**

Where the application is made by:-

1. two or more individuals jointly - each such person
2. a club or association - in the case of an unincorporated association, the person nominated as trustee of the club
3. a company - each director of the company and each shareholder of the company (except for public companies)

**Approval of a Director or Shareholder**

1. the director and shareholder

**Approval of Persons or Arrangement under Section 104**

Where the application is to approve an:-

1. unlicensed agent - the person to be approved
2. agreement or arrangement between the licensee and another person or persons, that other person or persons, or if the other is a company, each director and shareholder of that company

**Any other Application**

1. as specified by the Director of Liquor Licensing

**PENALTY - FALSE OR MISLEADING INFORMATION**

**It is a serious offence to give false information (fine up to $10,000)**

**Applicants are advised that this form must be completed personally**

**All information provided should be checked thoroughly before signing**

LIQUOR CONTROL ACT 1988 **LLD/5**

**PERSONAL PARTICULARS**

***ALL QUESTIONS MUST BE ANSWERED***

***If a question does not apply to you, write N/A.***

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| 1. **DETAILS OF LICENCE TO WHICH THIS APPLICATION RELATES** |
| **(a) Nature of application:**  (ie. transfer of licence, grant of licence, position of authority, etc)  **(b) Name of premises/proposed premises:** |
| 1. **PERSONAL PARTICULARS OF PERSON TO BE APPROVED** |
| **(a) Applicant’s Name(s):**    first name middle name(s) surname/family name  **(b) Other names:** include any maiden name, aliases and other names (legal or otherwise) that you have used or by which you have been known.    first name middle name(s) surname/family name   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | day | | month | | year | | | |   **(c) Date of birth: Male** **Female**  **(d) Place of birth:**  city state country  **(e)** **Contact Information:**  **Current Residential Address**    number street suburb postcode  **Postal Address (if different to above)**    number street suburb postcode     |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   **Home Telephone:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   **Work Telephone:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   **Mobile:**    **Email Address:** |

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| 1. **PERSONAL PARTICULARS OF PERSON TO BE APPROVED (continued…)** |
| **(f) Residences -** list ***all*** addresses (include your current address) at which you have been a permanent resident (for a period of 6 months or more) over the last ***5 years***     |  |  |  |  | | --- | --- | --- | --- | | **From** | **To** | **Number, Street & Suburb** | **State/Country** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  month year |  |  |   *Please attach a separate sheet if required.*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | day | | month | | year | | | |   **(g) If born outside of Australia, date of arrival in Australia:**    **Citizenship:**  (i) **If an Australian Citizen by naturalisation, Certificate number:**  certificate number  (ii) **If a non-Australian Citizen:**  passport/identity numbercountry of issue  **(h) Are you a Public Servant or a Sheriff’s Officer, Bailiff or other person employed or authorised to execute any legal process?** *YES  NO*  If **YES**, please attach correspondence from your employer confirming there is no conflict of interest in your involvement with the licensed premises if approved.    **(i) Do you hold a current motor vehicle driver's licence?** *YES  NO*   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Licence Number** | **State or Country of Issue** | **Expiry Date** | | | | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  | day | | month | | year | | | | |

1. **MANDATORY KNOWLEDGE REQUIREMENT**

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|  |  |  |  |  |  |  |  |
| day | | month | | year | | | |

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| 1. **Have you completed an accredited training course in liquor licensing requirements and/or responsible server practices?** *YES  NO*     If **YES**,  (i)  **Name of the Training Provider:**  (ii) **Certificate Date**: **Certificate Number**: |

1. **LICENSING EXPERIENCE**

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| **a) Give details of any liquor licence where you personally are or have been *the licensee* (in Western Australia or elsewhere)** | | |
| **Licence/Premises Name** | **Premises Address** | **When Held** |
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| **b) Give details of any liquor licence where you are or have been *a director, shareholder or other person in a position of authority* in a licensee company (in Western Australia or elsewhere)** | | |
| **Licence/Premises Name** | **Premises Address** | **When Held** |
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|  |  |  |
| *Please attach a separate sheet if required.* | | |
| 1. **RECORD OF CONVICTIONS AND LIQUOR INFRINGEMENT NOTICES**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Have you ever been found guilty of an offence by a court? This does not include children’s court, spent convictions, or findings of guilt where a non-conviction was recorded.**   *YES  NO*  If **YES**, give details of each offence below:-  **This LLD/5 form will be provided to the Commissioner of Police to confirm the convictions listed are correct.**  **Any undeclared convictions may be viewed as a lack of integrity and further submissions WILL be requested to support your application. Failure to comply may affect the outcome of your liquor application.**   |  |  |  |  | | --- | --- | --- | --- | | **Date of Offence** | **Nature of offence** | **Place of Conviction** | **Sentence/Outcome** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | **b) Have you ever been a *director or shareholder of a company* which has been convicted of any offence under any legislation, either in Western Australia or elsewhere?**  *YES  NO*  If **YES**, give details of each offence below:-   |  |  |  |  | | --- | --- | --- | --- | | **Date of Offence** | **Nature of offence** | **Place of Conviction** | **Sentence/Outcome** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | **c) Have you ever been disqualified from holding, or being involved in, a liquor licence?**  *YES  NO*  If **YES**, give details: | |  | |  | |  | | | | |

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| 1. **FINANCIAL BACKGROUND** | | |
| **a) Are you or have you ever been bankrupt, the subject of a sequestration order or creditor’s petition or had your estate assigned for the benefit of creditors?**  If YES, attach a separate sheet detailing the circumstances of the bankruptcy and provide evidence that this matter has been discharged. | *YES  NO* | |
| **b) Are you or have you ever been a director of a company or shareholder of a Pty Ltd company when it was placed under receivership or official management or in liquidation?**  If YES, attach a separate sheet detailing the circumstances surrounding the receivership and advise if you are currently liable for any debts as a result of the receivership/liquidation. | | *YES  NO* |
| **c) Do you know of any proceedings of the type referred to in (a) & (b) above which are pending against you or a company of which you are a director or shareholder?**  If YES, attach a separate sheet detailing the circumstances. | | *YES  NO* |
| **d) Are you or have you ever been declared bankrupt either as an individual or as a company director or shareholder of a Pty Ltd company?**  If YES, attach a separate sheet detailing the circumstances, including place and time. | | *YES  NO* |
| 1. **DECLARATION** | | |
| ***I declare that all details are true and correct and no relevant information is omitted.***   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |  |  |  | | **Signature of Person to be Approved** |  | **day** | | **month** | | | **year** | | | | | | |