

APPLICATION FOR TRANSFER OF AN ACCOMMODATION LICENCE



Tasmania

**COMMISSIONER FOR LICENSING
LIQUOR AND ACCOMMODATION ACT 1990**

TYPE OF LICENCE



Tick type(s) of licence



MOTEL



HOSTEL



HOLIDAY UNIT



RELOCATABLE CABIN



HOLIDAY CABIN



CARAVAN PARK



BED & BREAKFAST EST.



CAMPING GROUND

1. Premises

NAME:	
--------------	--

2. Current Licensee

Title <small>(Circle)</small>	Surname <small>(Include all former names)</small>	Given Names
Mr Miss Mrs Ms		

3. Name of Applicant

Title <small>(Circle)</small>	Surname <small>(Include all former names)</small>	Given Names
Mr Miss Mrs Ms		

Applicant must be a natural person who has attained the age of 18 years.

Applicant's Postal Address (for all correspondence)

TOWN	POSTCODE

E-mail address:	
------------------------	--

4. Take over date

Commencement date	<div style="font-size: 1.5em; margin: 0;">/ /</div> <hr style="width: 80%; margin: 0;"/> <small>DATE</small>
--------------------------	--

Current Licensee's signature		<div style="font-size: 1.5em; margin: 0;">/ /</div> <hr style="width: 80%; margin: 0;"/> <small>DATE</small>
-------------------------------------	--	--

Applicant's signature		<div style="font-size: 1.5em; margin: 0;">/ /</div> <hr style="width: 80%; margin: 0;"/> <small>DATE</small>
------------------------------	--	--