



# Application for a Club Permit (new)

## A. Application requirements

The following documents must be lodged for a Special Permit application to be complete. Incomplete applications are unable to be progressed.

- [Club Permit application] (this document)
- [Credit Card Payment Authority - [application fee](#)]
- [Statutory Declaration \(club permit\)](#)
- [Authority and Consent](#)
- [Responsible Service of Alcohol \(RSA\)](#) Statement of Attainment
- Evidence of Council approval to conduct your activity at the premises
- Certificate of Incorporation
- Certified copy of the constitution or rules of the club
- Floor plan of the premises
- Site plan, that shows the premises, grounds and proposed wet area/s (the wet area is an area outside the permitted premises where purchased liquor can be consumed).  
An aerial view is preferred
- Alcohol Management Policy (for AFL Rules Clubs)
- Copy of the Senior team competition roster

## Instructions:

1. Complete all sections and questions in this form.
2. Lodge the completed application (including payment) with the Commissioner for Licensing via email or post.

Liquor and Gaming Branch  
Department of Treasury and Finance  
Email: [licensing@treasury.tas.gov.au](mailto:licensing@treasury.tas.gov.au)  
Website: [www.treasury.tas.gov.au/liquor-and-gaming](http://www.treasury.tas.gov.au/liquor-and-gaming)

### **Email**

[licensing@treasury.tas.gov.au](mailto:licensing@treasury.tas.gov.au)

### **Post**

The Commissioner for Licensing  
GPO Box 1374  
HOBART TAS 7001

### **Enquiries**

Monday to Friday  
8:45 am to 5:00 pm  
Phone (03) 6166 4040

## B. Club details

Name\*

Business address\*

## C. Applicant details

Title

Surname\*

Given name\*

Residential address\*

State\*

Postcode\*

Mobile\*

Business phone

Email address\*

Position held in the Club\*

## D. Alternate contact details

Title

Surname\*

Given name\*

Residential address\*

State\*

Postcode\*

Mobile\*

Business phone

Email address\*

Position held in the Club\*

## E. Premises details (where liquor is to be sold from)

Premises name\*

Address\*

Website address (if applicable)\*

Will these premises be shared with any other club/s during the period of this permit?

No

Yes. Please provide details of the club, a contact name and phone number.

**F. Duration of permit)**

(Select the period of time the permit is to be in effect)

Up to 6 months	<input type="checkbox"/>	Preferred start date	<input type="text"/>
Up to 12 months	<input type="checkbox"/>	Preferred start date	<input type="text"/>

**G. Trading hours sought**

**The maximum number of hours that may be applied for is 15 hours per week.**

(Tick the days and enter the times you wish to sell and consume liquor. Please note: the sale of liquor prior to 12 noon may not be approved)

**Same hours each week OR Home Game Week**

Sunday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Monday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Tuesday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Wednesday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Thursday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Friday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Saturday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>

**Total hours** |

**Away Games Week**

Sunday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Monday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Tuesday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Wednesday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Thursday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Friday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>
Saturday	<input type="checkbox"/>	Start time	<input type="text"/>	am/pm	End time	<input type="text"/>	am/pm	Total	<input type="text"/>

**Total hours** |

## H. Preferred trading week

(Select which week is to be used for byes, or before/after the rostered season whilst the permit is in effect)

Home

Away

## I. Permit purpose\*

What is the reason you are seeking this permit? What activities will you undertake during the permit hours that includes the sale of liquor?

## J. Sale of liquor details

Please provide the following information-

1. How the will liquor be dispensed (disposable cups/cans/bottes etc)
2. The number of liquor sales points (indoor and outdoor areas)
3. A description of the location the where liquor is to be sold and consumed (including indoor and outdoor areas)

## K. Effective control measures\*

How will you exercise effective control over the sale and consumption of liquor on the premises during the hours of the permit?

**L. Best interests of the community\***

How is this application in the best interests of the community?

Benefits may include employment, tourism, cultural or recreational benefits that may arise from the proposed activities, such as the responsible development of the hospitality industry.

To inform this response, consider the best interest of the community [information](#).

**M. Signature**

By submitting this application and providing my email address, I consent to information being given by means of electronic communication as defined by the *Electronic Transactions Act 2000 (Tasmania)*

Applicant signature	
Date	

**Personal Information Protection Statement**

Personal information is collected by the Tasmanian Liquor and Gaming Commission and the Commissioner for Licensing and used for the purpose of managing, assessing, advising upon and determining the relevant application. It may be used for other purposes as permitted by the [Gaming Control Act 1990](#), the [Liquor Licensing Act 1990](#) and relevant Regulations. Failure to provide the information required may result in an application not being able to be processed, or a service not being able to be provided.

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Liquor and Gaming Branch, the Tasmanian Liquor and Gaming Commission, law enforcement agencies, debt collection and other finance agencies for the purposes of conducting a credit check, courts and other organisations authorised to collect it.

The [Personal Information Protection Act 2004](#) governs the collection, use and disclosure of personal information. The Department of Treasury and Finance is the custodian of personal information it collects. Further information about Treasury's Personal Information Protection Policy is available at [www.treasury.tas.gov.au/pip](http://www.treasury.tas.gov.au/pip).