



# Application for extended hours permit (not on a regular basis)

## Office use only

Date received \_\_\_\_\_

Receipt no. \_\_\_\_\_

Amount received \_\_\_\_\_

### Fees:

To find out the current  
application fee go to  
[www.business.qld.gov.au/  
liquor-gaming](http://www.business.qld.gov.au/liquor-gaming)

### Instructions for completion

**Please complete in BLOCK letters.** Attach extra pages if needed. If you need help completing this form, contact the Office of Liquor and Gaming Regulation (OLGR) on 13 QGOV (13 74 68).

### Privacy statement — please read

OLGR is collecting the information on this form to assess your application for a extended hours permit not on a regular basis. This information is authorised by section 7 of the *Wine Industry Act 1994*. This information will only be accessed by authorised employees within the department. The business information is placed on a register that may be inspected by the public which is authorised by section 59 of the *Wine Industry Act 1994*. Your personal information will not be disclosed to any other parties unless authorised or required by law. The business information which is placed on the public register will include trading hours, trading conditions, licensee, nominees, and trading name information.

### Warning

False or misleading statements will attract a maximum penalty of 100 penalty units or six months imprisonment and may lead to immediate cancellation of licence.

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### Criminal history check

A criminal history check will be conducted for each new person named on the application form (eg. licensee, nominee or company director). A fee applies for each criminal history check required. Fees should be included in the "amount authorised" at payment details.

## Part A

### Licensee and nominee details

Licensee name (as shown on licence document) .....

.....

Nominee (if applicable) .....

Wine licence number (as shown on licence document) .....

## Part B

### Premises details

Premises name .....

Premises address .....

Locality/suburb ..... State    Postcode    

Postal address of premises .....

Locality/suburb ..... State    Postcode    

Phone ..... Fax .....

Mobile ..... Email .....

## Part C

### Daytime contact details for licensee

Phone ..... Fax .....

Mobile ..... Email .....

## Part D

Extended trading hours

When do you need the extension for?

Date(s)	Hours

## Part E

Description of areas of premises to be used during extended trading hours

Give details including proposed entertainment

Please describe the area/s of your premises that you wish to use during the extended trading hours, and the type of occasion for which you need the permit?

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## Part F

Police endorsement

I, ..... of .....station received this application on

Date   /   /

☐ I object – please send a written report outlining your reasons

☐ I do not object – to this application for an extended hours permit

Name ..... Position .....

Signature ..... Date   /   /

## Part G

Signature of licensee/nominee

Name ..... Signature .....

Date   /   /

## Part H – Lodgement and fee payment

### Lodgement and payment details

This application must be lodged at the relevant department office at least 21 days prior to the first date requested at Part D.

Please lodge the completed application and any supporting documentation at OLGR at the address below or any OLGR office at Gold Coast (Southport), Sunshine Coast (Maroochydore), Toowoomba, Wide Bay, Rockhampton, Mackay, Townsville or Cairns. Call 13 QGOV (13 74 68) for addresses or visit [www.justice.qld.gov.au/about-us/services/liquor-gaming/contact-us/regional](http://www.justice.qld.gov.au/about-us/services/liquor-gaming/contact-us/regional)

#### By mail:

Office of Liquor and Gaming Regulation  
Locked Bag 180  
CITY EAST QLD 4002

#### In person:

Office of Liquor and Gaming Regulation  
Upper Plaza, 33 Charlotte Street  
BRISBANE QLD 4000

#### Payment type:

☐ Money order – make money order payable to **Office of Liquor and Gaming Regulation**

☐ Cheque – make cheque payable to **Office of Liquor and Gaming Regulation**

☐ Credit card\* – charge my:

☐ Mastercard ☐ VISA

Credit card no.

Cardholder's name .....

Amount authorised \$..... Expiry date .....

Cardholder's signature .....

\*OLGR will not accept credit card details by fax or email, including PDF attachments.

If an email is received with credit card details, it will be deleted immediately and your form will not be processed. This is in accordance with the Payment Card Industry Data Security Standard.