



# Application for Special Licence

(for conveyance) Additional Information  
Sale of Liquor Act 1989

Please complete the following to facilitate processing of your application:

1. Additional Information	
(a) Name of Conveyance Owner:	
(b) Name of Hirer:	
(c) Full name of proposed Duty Manager:	
(d) Date of Birth:	(e) Contact Phone Number:
(f) Travelling from:	to: on:
2. Signature and Date	
I agree to abide by the following :	
1 (a) there are no persons under -18 on this trip, or (b) there are no unaccompanied under -18s on this trip, or (c) there will be ..... persons under -18 on this trip who will not be consuming liquor.	
2 Persons will not become intoxicated on this bus trip.	
3 Persons who become intoxicated at the destination will not be permitted back on the bus to travel home.	
4 Food will be provided at stops during the trip, or at the destination.	
5 Patrons will be dropped off at or near home after the trip, or safe alternative transport provided.	
As duty manager, I agree to take responsibility for compliance with the Sale of Liquor Act 1989, and in particular the above items.	
Dated at _____ this _____ day of _____ 20__	
Signature: _____ Designation: _____	