

## Application for **Shooting Gallery Licence Events**

**WESTERN AUSTRALIA POLICE FORCE** LICENSING SERVICES

MANDATORY

**MANDATORY** 

**MANDATORY** 

End

#### LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107 Post: Locked Bag 9 East Perth WA 6892 Email: LicensingServices@police.wa.gov.au Telephone: 1300 171 011

A Shooting Gallery Licence entitles the licensee to conduct a shooting gallery in accordance with Regulation 15 of the Firearms Regulations 1974 on the premises specified within the application and recorded on the shooting gallery licence subject to the Firearms Act 1973.

**New Licence** Renew Licence Shooting Gallery Licence Number

COMPLETE FORM IN CAPITAL LETTERS

#### **Event Details**

Please complete the fields below for the events, dates and locations of operation where the shooting gallery will be operated for the 12 month period. Print as many pages required and only complete the necessary number of location details and select N/A for any remaining empty boxes on this page. Start End Event Date Date **MANDATORY** Street Street Street

Type Name Number Place

Suburb Name

Have you sought and been granted approval to operate the shooting gallery at the nominated event? Yes No

End Start

Event Date Date

Street **MANDATORY** Street Street

Type Name Number

Place Suburb Name

Have you sought and been granted approval to operate the shooting gallery at the nominated event? Yes No

Attach written proof of approval.

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Start End **Event** Date Date

Street **MANDATORY** Street Street

Name Type Number

Place Suburb Name

Have you sought and been granted approval to operate the shooting gallery at the nominated event? Yes No

Start

Attach written proof of approval.

Event Date Date

**MANDATORY** Street Street Street

Type Name Number

Place **MANDATORY** Suburb

Name

Have you sought and been granted approval to operate the shooting gallery at the nominated event? Yes No

Attach written proof of approval.

Start Fnd Event Date Date

Street Street **MANDATORY** Street

Type Number Name

Place **MANDATORY** Suburb

Name

Have you sought and been granted approval to operate the shooting gallery at the nominated event? Attach written proof of approval.

No

Yes



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Event Details continued	1					
Event			Start Date		End Date	
Street Number	Street Name			MANDATORY	Street Type	
Suburb		Place Name			MAN	DATORY
Have you sought and been granted Attach written proof of approval.	d approval to operate the shooting gallery a	at the nominated event?			Yes	No
Event			Start Date		End Date	
Street Number	Street Name			MANDATORY	Street Type	
Suburb		Place Name			MAN	DATORY
Have you sought and been granted Attach written proof of approval.	d approval to operate the shooting gallery a	at the nominated event?			Yes	No
Event			Start Date		End Date	
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Street Number	Street Name			MANDATORY	Street Type	
Suburb		Place Name				DATORY
Have you sought and been granted	d approval to operate the shooting gallery a				Voo	No

Attach written proof of approval.

No

Yes