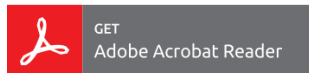




Special Occasion Permit

Section 20H: Motor Vehicle Dealers Act 1973

USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the FREE Adobe Acrobat Reader application. [Click here to download Acrobat Reader.](#) Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Application fee

Please refer to our website for the [current prescribed fees](#).

The fee is non-refundable, exempt from GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made payable to the Commissioner for Consumer Protection.

Lodgement options

In person

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street CANNINGTON
Hours: 8:30am to 4:30pm, Monday to Friday

By post

Licensing Services
Department of Local Government, Industry
Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE WA 6850

Enquiries

Licensing Advice Line: 1300 304 064
Licensing Email: cplicensing@lgirs.wa.gov.au
General Enquiries: 1300 304 054

Overseas Callers: +61 8 6251 2969
Web Site: www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration

General information

In accordance with Section 20H of the *Motor Vehicle Dealers Act 1973*, a dealer may apply to the Commissioner for Consumer Protection (Commissioner) for a temporary permit to carry on business where a special occasion is being, or is to be, held at a place for a limited period and the dealer wishes to carry on business in premises at the place in connection with the occasion.

The Commissioner may, by notice in writing to the holder of a temporary permit, revoke the permit if the Commissioner considers that there is justification for doing so.

Please note: a permit is not required for a 'new vehicle only' display in a location which is not staffed.

Credit card payment details

Card Type Visa Mastercard (only Mastercard and Visa accepted)

Card Number

Cardholder Name Expiry Date

Cardholder Signature: Date Contact Number

I authorise the Department to deduct the current prescribed fee*

| OFFICE USE ONLY | | | | | |
|-----------------|----|-----------------|-----|-------------------|--|
| Total Fee | \$ | Department Code | MD | Chart Description | Dealer Special Occasions Permit |
| Licence No | | Link Licence | Yes | Chart Key | <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/> P |

Special Occasion Permit application

General Information (cont.)

A valid application must:

- detail the special occasion for which a temporary permit is being applied for and why the dealer wishes to carry on business at premises other than their authorised premises;
- be submitted by the holder of a dealer's licence that will be current at the time of the event, a licensed yard manager employed/authorised by the applicant licensee or the authorised event organiser (with a list of all participating dealers that will be licensed at the time of the event);
- be accompanied by the non-refundable application fee for each permit; and
- be lodged **at least 7 days prior** to the special occasion.

Licence holder details

| | |
|------------------------|---------------------------------|
| Licence number: | <input type="text" value="MD"/> |
| Licensee name: | <input type="text"/> |
| Contact person: | <input type="text"/> |
| Contact phone number: | <input type="text"/> |
| Contact email address: | <input type="text"/> |

Permit information

| Permit Type (select one option) | Reasoning | | |
|--|---|----------|--------------|
| <input type="checkbox"/> Show/Expo/ Conference/Event | Event Name: | | |
| <input type="checkbox"/> Shopping Centre Display (staffed) | <input type="checkbox"/> EOFY / EOY Sale <input type="checkbox"/> Launch of new Make/Model | | |
| <input type="checkbox"/> Other Location Display | Please provide description of what is special about this occasion: | | |
| Location and Date | | | |
| Event Address | | | |
| When | Date from: | Date to: | No. of days: |
| Name and signature of licensee /authorised person* | Name: | | MY: |
| | Signature: | | Date: |

**I understand that I can be found guilty of a criminal offence if any statement or information I have provided in making this application is found to be false or misleading.*