



Address all communication to the Chief Executive Officer  
Shellharbour City Council,  
Dharawal Country  
Locked Bag 155, Shellharbour City Centre, NSW 2529

p. 02 4221 6111 f. 02 4221 6016  
council@shellharbour.nsw.gov.au  
www.shellharbour.nsw.gov.au

## APPLICATION TO AMEND OR ESTABLISH AN ALCOHOL-FREE ZONE OR ALCOHOL PROHIBITED AREA

Shellharbour City Council has established a number of Alcohol-Free Zones (AFZs) and Alcohol Prohibited Areas (APAs) across Shellharbour to help reduce alcohol related crime, violence and antisocial behaviour and ensure the safety and well-being of the local community.

AFZs relate to road related public areas, whereas APAs relate to non-road related public areas.

Under the *Local Government Act 1993* AFZs and APAs can be established (Section 644) and varied or suspended for special circumstances (Section 645).

I.....  
(Full Name)

Of.....  
(Address)

Being: (tick appropriate box)

- (a) A representative of.....  
(Organisation)
- (b) A police officer stationed at.....
- (c) A person living in the area
- (d) A person working in the area at.....

### Apply to Shellharbour City Council to:

Establish an AFZ or APA

Extend an existing AFZ or APA

Temporarily suspend an AFZ or APA for the period: .....

### My application applies to:

Alcohol-Free Zones

Alcohol Prohibited Areas

Both

More information on AFZs and APAs can be found on Council's website  
<https://www.shellharbour.nsw.gov.au/living-here/community-services-and-safety/community-safety/alcohol-free-zones>

**Description of Area\*:**.....  
.....  
.....  
.....  
.....  
.....

\*Specify area by referring to street numbers or other landmarks. Map outlining area applicable must also be included.

**Reasons for requesting the establishment of an AFZ or APA, or changes to an existing AFZ or APA :**.....  
.....  
.....  
.....  
.....

(Give details of obstruction, littering, personal injury, property damage, police intervention, etc. that have occurred in this area)

**If you are requesting to temporarily suspend an AFZ or APA please include:**

**Council Event Permit number:**.....

**Liquor Licence number:**.....

**Name of Police Officer you have consulted with:**.....

**Event Date and Time:**.....

**Estimated number of people attending the event:**.....

**Proposed security and control measures to be implemented:**.....  
.....  
.....  
.....  
.....

**Applicant Name:**.....

**Email Address:**.....

**Phone Number:**.....

**Signed:**

**Date:**.....

Application form must be submitted with all relevant supporting documents including:  
Consultation with Police and other relevant stakeholders, map outlining area applicable, Council  
Application Form for Event Permit.

For further information or assistance please contact Council on 4221 6111.

You can lodge your completed application, and attachments, in person at Council's  
Administration Building, Shellharbour Civic Centre, 76 Cygnet Avenue (Cnr Cygnet &  
College Avenue) Shellharbour City Centre or alternatively email:  
[council@shellharbour.nsw.gov.au](mailto:council@shellharbour.nsw.gov.au)

Mail: Shellharbour City Council  
Locked Bag 155  
SHELLHARBOUR CITY CENTRE NSW 2529

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