

Liquor Licensing Act 1997

# Application for Change of Committee for a Limited Club Licence

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at applications@agd.sa.gov.au. Further information is also available from the CBS website at [www.cbs.sa.gov.au](http://www.cbs.sa.gov.au).

**In Person at:**  
 Consumer and Business Services  
 Customer Service Centre  
 91 Grenfell Street  
 Adelaide SA 5000

**By Mail to:**  
 Consumer and Business Services  
 Customer Service Centre  
 GPO Box 2169  
 Adelaide SA 5001

**By Email at:**  
 applications@agd.sa.gov.au

## Part A – Applicant

<b>1. Name of Applicant (Current Licensee)</b>	
<b>2. Contact details for Enquiries Relating to this Application</b>	Full name _____ Telephone _____ Mobile _____ Email _____

## Part B – Licensed Premises Details

<b>3. Premises (Trading) Name</b>										
<b>4. Licence Number</b>	<table border="1" style="display: inline-table; text-align: center; width: 100%;"> <tr> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	5	1	3						
5	1	3								
<b>5. Premises Details</b>	Street Number _____ Street _____ Suburb/Town _____ Postcode _____ Telephone _____ Mobile _____ Email _____									
<b>6. Contact Details for the Service of Notices</b> <i>(Where information, such as correspondence will be sent)</i>	<input type="checkbox"/> <b>As Above</b> <i>(if not same as the premises address, please complete details below)</i> Postal Address _____ Suburb/Town _____ Postcode _____ Email _____									

## Part C – Applicant’s Signature

<b>Licensee (or Licensee’s Representative) Signature</b>	_____ Date / /
<b>Print Name</b>	



**PART D – Committee Persons**

	<b>Name</b>	<b>Position Held</b>	<b>Address</b>	<b>Postcode</b>	<b>Telephone Number</b>	<b>M / F</b>	<b>Date of Birth DD/MM/YY</b>
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