

Collective Outlet Application

Customer Service Centre
 Visit us: 91 Grenfell Street, ADELAIDE SA 5000
 Mail to: GPO Box 2169, ADELAIDE SA 5001
 Ph: 08 8226 8655
 Email: applications@agd.sa.gov.au
 Web: www.cbs.sa.gov.au

<i>Office use only</i>	
Date	Receipt number
Amount	Initials

For assistance with this application, contact the Customer Service Centre

1. Type of application *(tick one box)*
- New applicant *(questions 2 to 13)*
 - Add participants *(questions 2 to 5 and 14)*
 - Remove - collective outlet participants *(question 3 to 5, questions 14 and 15)*

(Please photocopy if there is not enough space)

	Licensee name(s)	Licensee number(s)	Applicant has production premises
1	<input type="radio"/> New <input type="radio"/> Add _____	5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
2	<input type="radio"/> New <input type="radio"/> Add _____	5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
3	<input type="radio"/> New <input type="radio"/> Add _____	5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
4	<input type="radio"/> New <input type="radio"/> Add _____	5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
5	<input type="radio"/> New <input type="radio"/> Add _____	5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

3. Proposed or current business trading name _____

4. Collective outlet address

Street number	Street name

Suburb/town	Postcode

Daytime phone number	Fax

5. Collective outlet wine region _____

6. Plans
- Two plans of the premises must accompany this application:
Note: If the applicant has more than one outlet, they must provide two clearly marked plans of each outlet.
1. a black and white plan
 2. a plan with relevant colour code outlining designated areas. *(refer 'Submitting Plan - Lodgement Guide')*

Collective Outlet Application

7. Entertainment consent required? No Yes *(Please complete the Application for Entertainment Consent form)*
8. Extension of trading area required? No Yes *(Please complete the Application for extension of trading area/redefinition/alteration (liquor) form)*
9. Designated dining area required? No Yes *(Please outline on one submitted plan)*
10. Designated sampling area required? No Yes *(Please obtain council approval and outline on one submitted plan)*
11. Consumption on premises No Yes *(Please outline on one submitted plan)*
12. Exemption from the requirement to have a responsible person required? No Yes *(Please complete the Responsible Person Exemption form)*
13. Exemption from dispatch of liquor from licensed premises required? No Yes *(Please provide address details for dispatch site)*

14. Please Provide licence numbers of all other licensee currently approved under the existing collective *Please photocopy if there is not enough space* outlet

1		5								
2		5								
3		5								
4		5								

15. Licensee to be removed *Please photocopy if there is not enough space*

Licensee number(s)

1		5								
2		5								
3		5								
4		5								

Signatures

1	Licensee signature	Date / /
2	Licensee signature	Date / /
3	Licensee signature	Date / /
4	Licensee signature	Date / /
5	Licensee signature	Date / /