

Liquor Licensing Act 1997

Application for Entertainment Consent

Office use only	
Received Date	
Transaction No	
Paid	\$
Initials	

Where to lodge this Form

In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	Post Licensing Branch GPO Box 2169 ADELAIDE SA 5001	Electronically Email to: CBSEApplications@sa.gov.au	More information www.cbs.sa.gov.au Ph: 08 8226 8655
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Supporting documents to be attached

New Application and application to vary area

Original of

- Plans: one A3 colour plan - to a scale of 1:50, showing the layout of the premises*
- Plans: one A3 black and white plan - to a scale of 1:50, showing the layout of the premises. This should NOT be a photocopy of the colour plan.*
- Clear description of the changes being made to the layout of the premises.

* Refer to Submitting Plan - Lodgement Guide for more information

This application cannot be approved without all the required documents

Type of application

I hereby apply for

- Application for Entertainment Consent
- Variation to current Entertainment consent (eg hours or type)
- Variation to areas that Entertainment Consent Applies

Licensee details

*Please tick your preferred address for service of notices (eg licence, fees)

Trading Name	_____										
Licence number	5										(existing liquor licence number)
Premises Address*	_____										<input type="checkbox"/>
Postal Address*	_____										<input type="checkbox"/>
Mobile phone	_____					Email	_____				

Contact Details

Person authorised to complete and file this application form on behalf of a corporate entity or association

Contact Name	_____										
Postal Address*	_____										<input type="checkbox"/>
Daytime phone	_____					Email	_____				

Proposed Entertainment (Optional)

By specifying the type of entertainment, you may be restricted to only this type of entertainment by a condition imposed on the licence.

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Proposed Hours

You do not require consent for entertainment between 11 am and Midnight

Day	After 12 Midnight	Prior to 11 am
Monday	Start time Midnight End time	Start time End time 11 am
Tuesday	Start time Midnight End time	Start time End time 11 am
Wednesday	Start time Midnight End time	Start time End time 11 am
Thursday	Start time Midnight End time	Start time End time 11 am
Friday	Start time Midnight End time	Start time End time 11 am
Saturday	Start time Midnight End time	Start time End time 11 am
Sunday (no earlier than 8am)	Start time Midnight End time	Start time End time 11 am
Good Friday (no later than 2 am)	Start time Midnight End time	Start time End time 11 am
Christmas Day (no later than 2 am)	Start time Midnight End time	Start time End time 11 am
New Year's Day	Start time Midnight End time	Start time End time 11 am
Other: (please specify)		

Authorised Signatory

..... (full name of applicant/authorised person) (office held)

Signature **Date**

Electronic Contact Consent (If you do not complete this section, information will be sent to your postal address)

I agree to receive licensing information including all licence renewals, reminders and penalties by email

I also agree to receive reminders by SMS (only available when choosing to receive information by email)

Statutory declaration

I hereby give permission to Consumer and Business Services to

- change my addresses as detailed on this form
- change my phone and email contact details as detailed on this form
- Update my details to reflect my Electronic Contact Consent options.

Signature Date: