



Liquor Licensing Act 1997

Application To Reduce Annual Licence Fee (Financial Hardship - Level 2 Only)

OFFICE USE ONLY	
Date Rec'd:	____ / ____ / ____
App #:	_____

The Liquor and Gambling Commissioner may reduce an annual licence fee from Level 2 to Level 1 for a financial year, on grounds of financial hardship.

YOU MAY ONLY LODGE THIS APPLICATION IF THE ANNUAL FEE PAYABLE FOR YOUR LICENCE IS LEVEL 2

For assistance with completing this application form please contact CBS by phone on (08) 8226 8650 or by email at annualfee@agd.sa.gov.au. Further information is also available from the CBS website at www.cbs.sa.gov.au.

Lodge this application form (no fee is payable):

In Person at:
Consumer and Business Services
Customer Service Centre
Ground Floor, Chesser House
91-97 Grenfell Street
Adelaide SA 5000

By Mail at:
Consumer and Business Services
Annual Licence Fees
PO Box 3241
Rundle Mall SA 5000

By Email at:
annualfee@agd.sa.gov.au

Part A - Applicant Details

1. Licence Number	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 30px; height: 30px;">5</td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>	5							
5									
2. Name Of Licensee									
3. Trading Name Of Premises									
4. Contact Details <i>For the licensee or their representative in relation to this application</i>	Full name _____ Daytime phone number _____ Street/PO Box number _____ Suburb/town _____ Postcode _____ Email _____								
5. Permanent Postal & Email Address Of The Licensee <i>To send correspondence to the licensee and for service of notices and documents</i>	Street/PO Box number _____ Suburb/town _____ Postcode _____ Email _____								

Part B – Submission Requesting Fee Reduction

6. Describe the nature of your financial hardship and why you believe the Commissioner should reduce your annual licence fee from Level 2 to Level 1 for the current financial year. You should explain why you do not have, and cannot reasonably obtain from another source, sufficient funds to pay the Level 2 annual licence fee. (If you need more space, please attach additional pages)

<p>7. Gross income / revenue from all sources for the previous two financial years</p>	Year ending _____	\$ <input type="text"/>
	Year ending _____	\$ <input type="text"/>

<p>8. Documents required in support of this application</p>	<p>This application must include an audited profit and loss statement for the most recent two financial years or, if this is not required by law to be prepared for your business, you must include other financial information to support your application.</p> <p>You may provide any other relevant information to support your application.</p> <p>The Commissioner may also request that you provide further information.</p>
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Part C – Signature Of Applicant

- I declare that I am 18 years or older and I am authorised to lodge this application as or on behalf of the holder of the licence granted in accordance with the *Liquor Licensing Act 1997*.
- I acknowledge that under the *Liquor Licensing Act 1997* it is an offence to make a false or misleading statement in respect of this application.

Applicants Signature	_____ Date / /
Print Name	_____
Relationship To Licensee <i>(e.g. Licensee, Director, Legal Representative etc)</i>	_____