



Liquor Licensing Act 1997

Application to Reduce Annual Licence Fee (Trading Hours and/or Capacity)

OFFICE USE ONLY	
Date Rec'd:	____ / ____ / ____
T/HR App #:	_____
CAP App #:	_____
GMA App #:	_____

This form should **ONLY** be used to reduce the trading hours and/or the capacity of your premises for the purposes of reducing the annual fee for the licence.

For assistance with completing this application form please contact CBS by phone on (08) 8226 8655 or by email at annualfee@sa.gov.au. Further information is also available from the CBS website at www.cbs.sa.gov.au.

On grant of this application an updated licence will be sent to you.

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 2169
ADELIADE SA 5001

By Email at:
annualfee@sa.gov.au

Part A - Applicant Details

1. Licence number	<table border="1" style="display: inline-table; text-align: center; width: 100%;"> <tr> <td style="width: 20px; height: 40px;">5</td> <td style="width: 20px; height: 40px;"></td> <td style="width: 20px; height: 40px;"></td> <td style="width: 20px; height: 40px;"></td> <td style="width: 20px; height: 40px;"></td> <td style="width: 20px; height: 40px;"></td> <td style="width: 20px; height: 40px;"></td> <td style="width: 20px; height: 40px;"></td> </tr> </table>	5							
5									
2. Name of licensee	<input style="width: 100%; height: 30px;" type="text"/>								
3. Trading name of premises	<input style="width: 100%; height: 30px;" type="text"/>								
4. Contact details <i>For the licensee or their representative in relation to this application</i>	Full name _____ Daytime telephone number _____ Street/PO Box number _____ Suburb/town _____ Postcode _____ Email _____								
5. Permanent postal and 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 – Reduce Trading Hours To Pay Lower Annual Licence Fee

<p>6. Indicate when you wish to cease trade in liquor <i>If your licence allows you to provide accommodation this will not affect your service to lodgers</i></p>	<p>Cease Trade Tick a box or enter a time</p>			
	<input type="checkbox"/> 2.00am	<input type="checkbox"/> 3.00am	<input type="checkbox"/> 4.00am	<input type="text"/> Other
<p>Note—If your licence authorises Designated Dining/Reception, Extended Trading or Entertainment Consent, the Commissioner will also vary these licence conditions consistent with the times you have indicated above.</p>				

<p>7. Indicate when you wish to recommence trade in liquor (subject to existing licence conditions)</p>	<p>Recommence Trade Tick a box or enter a time</p>			
	<input type="checkbox"/> 5.00am	<input type="checkbox"/> 6.00am	<input type="checkbox"/> 7.00am	<input type="text"/> Other
<p>Note—If your licence authorises Designated Dining/Reception, Extended Trading or Entertainment Consent, the Commissioner will also vary these licence conditions consistent with the times you have indicated above.</p>				

8. Important information if you hold a gaming machine licence under the *Gaming Machines Act 1992*

Gaming trading hours must fall within the hours permitted under the liquor licence. The Commissioner will limit your gaming hours to ensure that they are not outside your new authorised liquor trading hours.

An updated copy of your gaming machine licence will be sent to you and the Independent Gaming Corporation notified.

Part C - Reduce Capacity To Pay Lower Annual Licence Fee

<p>9. Specify the maximum venue capacity for the licensed premises <i>Must be less than the capacity currently authorised on your licence</i></p>	<input type="checkbox"/> 200 People	<input type="checkbox"/> 400 People	<input type="text"/> Other (Please Specify)
	<input type="checkbox"/> 1,000 People (Clubs Only)		
<p>Note— If you have applied to reduce the capacity of your premises, the Commissioner will amend your licence so that you will not be permitted to have more than the new maximum capacity in your premises at any time.</p>			

Part D – 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>			