

Liquor Licensing 1997
Gaming Machines Act 1992

Office use only		Date
Receipt No	_____	Amount \$ _____
Application No	_____	Initials _____

Application to vary conditions of an existing liquor licence

Where to lodge this form

In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	Post Licensing and Registration GPO Box 2169 ADELAIDE SA 5001	Electronically Scan and email all documents to: CBSEApplications@sa.gov.au	More information www.cbs.sa.gov.au Ph: 08 8226 8655
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Contact Details

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

Contact Name _____

Postal Address* _____

Daytime phone _____ Email _____

Licensee details

Trading Name _____

Licence number **5** _____ (existing liquor licence number)

Premises Address* _____

Postal Address* _____

Mobile phone _____ Email _____

What change are you seeking to your existing licence conditions?

Attach a separate sheet if necessary

Liquor Licensing Act 1997 Gaming Machines Act 1992

I have attached additional details of the order sought and any other supporting documentation e.g. council authorisation

Applicant Signature

_____ (full name of applicant/authorised person)

Signature _____ Date _____