

Producers Licence 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

Office use only

Date _____ Receipt number _____
 Amount _____ Initials _____

For assistance with this application contact the Customer Service Centre

1. Type of applicant(s) Individual Partnership Company/Companies
(tick one or more boxes)
2. Name of applicant(s) _____
3. ABN/ACN

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4. Is the applicant acting as a trustee for any trusts? Yes (go to question 5) No (go to question 7)
5. Type of trust (tick one box) Unit trust Family trust
6. Name of the trust involved _____
7. Contact details for application enquiries

Full name	_____	
Phone number		Fax

Mobile number	_____	
Email	_____	
8. Postal address

Street number/PO box		Street name

Suburb/town		Postcode

9. Proposed business (trading) name _____
10. Production outlet address

Street number		Street name

Suburb/town		Postcode

Daytime phone number		Fax

11. Production outlet wine region _____

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12. Retail outlet address
- | | |
|----------------------|-------------|
| Street number | Street name |
| Suburb/town | Postcode |
| Daytime phone number | Fax |
13. Retail outlet wine region
-
14. Collective outlet
- Please complete the Producer's Licence Collective Outlet application***
15. Contact address
(for applications only conducting direct sales transactions under a producers licence)
- | | |
|----------------------|-------------|
| Street number/PO box | Street name |
| Suburb/town | Postcode |
| Daytime phone number | Fax |
16. 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')
17. Entertainment consent required?
- No Yes *(Please complete the Application for Entertainment Consent form)*
- Production outlet
 Retail outlet
18. Extension of trading area required?
- No Yes *(Please complete the Application for extension of trading area/ redefinition/ alteration (liquor) form)*
- Production outlet
 Retail outlet
19. Designated dining area required?
- No Yes *(Please outline on one submitted plan)*
- Production outlet
 Retail outlet
20. Designated sampling area required?
- No Yes *(Please obtain council approval and outline on one submitted plan)*
- Production outlet
 Retail outlet
21. Consumption on premises
- No Yes *(Please outline on one submitted plan)*
- Production outlet
 Retail outlet
22. Exemption from the requirement to have a responsible person required?
- No Yes *(Please complete the Responsible Person Exemption form)*
- Production outlet
 Retail outlet
23. Exemption from dispatch of liquor from licensed premises required?
- No Yes *(Please provide address details for dispatch site)*
- Production outlet
 Retail outlet
24. On *Appendix A*, please list the persons requiring approval in any of the following categories:
(Please photocopy if there is not enough space)
- Director
 - Adult Trust Beneficiary
 - Shareholder
 - Responsible Person
 - Licensee

Applicant's Signature

Date / / 2

Appendix A
Producers Licence Application

Surname: _____

Given names: _____

Date of birth: / / Female Male

Category of Approval *(tick one or more options)*

- Director Adult trust beneficiary Responsible person
 License Shareholder

Is this person currently approved? Yes No *(Please complete an Application for approval of a person form).*

Has this person been previously approved? Yes No *(Please complete a Personal Information Declaration form).*

If person's approval has been ceased more than six (6) months, a 'Personal Information Declaration' form is required)

If known, provide ID

number and name of _____

premises:

Surname: _____

Given names: _____

Date of birth: / / Female Male

Category of Approval *(tick one or more options)*

- Director Adult trust beneficiary Responsible person
 License Shareholder

Is this person currently approved? Yes No *(Please complete an Application for approval of a person form).*

Has this person been previously approved? Yes No *(Please complete a Personal Information Declaration form).*

If person's approval has been ceased more than six (6) months, a 'Personal Information Declaration' form is required)

If known, provide ID number

and name of premises: _____

Please photocopy and complete this for each person requiring approval