



Liquor Licensing Act 1997

Application To Reduce Annual Licence Fee (Similar Business)

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

The Liquor and Gambling Commissioner may reduce an annual licence fee if the business conducted under the licence is similar to that conducted under another licence class for which a lower annual licence fee is payable that it warrants a reduction to the lower level.

For assistance with completing this application form please contact CBS staff 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="border-collapse: collapse; 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	<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 – Submission Requesting Different Fee Level

5. Current licence type and fee level	Licence Type: <input type="checkbox"/> Hotel	<input type="checkbox"/> Club	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Residential	<input type="checkbox"/> Entertainment Venue	<input type="checkbox"/> Special Circumstances
	<input type="checkbox"/> Producer	<input type="checkbox"/> Wholesale Liquor	<input type="checkbox"/> Direct Sales
	<input type="checkbox"/> Retail Liquor		
Fee Level: <input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2		
<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5	
Late Trading: <input type="checkbox"/> After 2am	<input type="checkbox"/> After 4am		

6. Which type of licence and fee level do you consider is most similar to the nature of your business?	Licence Type: <input type="checkbox"/> Hotel	<input type="checkbox"/> Club	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Residential	<input type="checkbox"/> Entertainment Venue	<input type="checkbox"/> Special Circumstances
	<input type="checkbox"/> Producer	<input type="checkbox"/> Wholesale Liquor	<input type="checkbox"/> Direct Sales
	<input type="checkbox"/> Retail Liquor	<input type="checkbox"/> Limited Club (No Fee Applies)	
Fee Level: <input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2		
<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5	
Late Trading: <input type="checkbox"/> After 2am	<input type="checkbox"/> After 4am		

8. Describe why your business is so similar to the type of licence you have indicated above that it warrants a reduction in fee level.
(If you need more space, please attach additional pages)

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>	_____