



Liquor Licensing Act 1997

# Restaurant Licence Application

Consumer and Business Services Use Only		
Receipt No: _____	Amount: _____	Initials: _____
Date: _____	App No: _____	

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at [applications@agd.sa.gov.au](mailto:applications@agd.sa.gov.au). Further information is also available from the CBS website at [www.cbs.sa.gov.au](http://www.cbs.sa.gov.au).

**In Person at:**

Consumer and Business Services  
Customer Service Centre  
91 Grenfell Street  
Adelaide SA 5000

**By Mail to:**

Consumer and Business Services  
Customer Service Centre  
GPO Box 2169  
Adelaide SA 5001

**By Email at:**

[applications@agd.sa.gov.au](mailto:applications@agd.sa.gov.au)

## Part A – Applicant Details (proposed licence holder)

<b>1. Type of Applicant(s)</b> (tick on or more boxes)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company/Companies
<b>2. Name of Applicant(s)</b>  (Please provide ACN if applicant is a company)			
<b>3. Is the Applicant Acting as a Trustee for any Trusts?</b>	<input type="checkbox"/> Yes (go to question 4)	<input type="checkbox"/> No (go to question 6)	
<b>4. Type of Trust</b>	<input type="checkbox"/> Unit Trust	<input type="checkbox"/> Family Trust	
<b>5. Name of Trust Involved</b>			
<b>6. Contact Details for Enquiries Relating to this Application</b>	Full Name _____ Daytime Telephone Number _____ Mobile _____ Fax _____ Email _____		

## Part B – Licensed Premise Details

<b>7. Proposed Premises Name (Trading Name)</b>			
<b>8. Contact Details for the Service of Notices</b> <i>(Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent )</i>	Postal Address _____ Suburb/Town _____ Postcode _____ Email _____		

Part B cont. – Licensed Premise Details

<b>9. Proposed Premises Details</b>	Street Number. _____ Street _____
	Suburb/Town _____ Postcode _____
	Daytime telephone number _____
	Mobile _____ Fax _____
	Email _____

Part C – Additional Information

<b>10. Plans</b>	Two plans of the premises must accompany this application: 1) a black and white plan 2) a plan with relevant colour code outlining designated areas. (refer 'Submitting Plan - Lodgement Guide')	
<b>11. Supply of Liquor Without a Meal Required? (Section 34(1)(c))</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>12. Extended Trading Authorisation Required?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(please complete the Application for Extended Trading Authorisation Consent)</i>
<b>13. Entertainment Consent Required?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(please complete the Application for Entertainment Consent)</i>
<b>14. Extension of Trading Area Required? (Has an Outdoor Dining Permit been Approved by the relevant Local Council)</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(Please submit copy of Local Council Permit)</i>
<b>15. On Appendix A, please list the persons requiring approval in any of the following categories:</b>	<ul style="list-style-type: none"> <li>• Licensee</li> <li>• Director</li> <li>• Shareholder</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Trust Beneficiary</li> <li>• Responsible Person</li> </ul>

Part D – Applicant's Signature

<b>Applicant Signature</b>	_____ Date / /
<b>Print Name</b>	
<b>Position/Title</b>	

**Appendix A – Restaurant Licence Application**

*Please photocopy if there is not enough space*

**Person 1**

<b>1a Surname</b>			
<b>Given Name(s)</b>			
<b>1b Date of Birth</b>	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>
<b>1c Category of approval</b>	<b>Tick one or more boxes</b>		
	<input type="checkbox"/> <i>Licensee</i>  <input type="checkbox"/> <i>Director</i>  <input type="checkbox"/> <i>Shareholder</i>	<input type="checkbox"/> <i>Adult Trust Beneficiary</i>  <input type="checkbox"/> <i>Responsible Person</i>	
<b>1d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____  <input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)	
<b>1e Current Residential Address</b>	Street Number _____ Street Name _____  Suburb / town: _____ Postcode: _____		
<b>1f Contact Details</b>	Phone: _____  Email: _____		

**Appendix A cont.– Restaurant Licence Application**

*Please photocopy if there is not enough space*

**Person 2**

<b>2a Surname</b>			
<b>Given Name(s)</b>			
<b>2b Date of Birth</b>	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>2c Category of approval</b>	<b>Tick one or more boxes</b>		
	<input type="checkbox"/> Licensee  <input type="checkbox"/> Director  <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary  <input type="checkbox"/> Responsible Person	
<b>2d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____  <input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)	
<b>2e Current Residential Address</b>	Street Number _____ Street Name _____  Suburb / town: _____ Postcode: _____		
<b>2f Contact Details</b>	Phone: _____  Email: _____		

**Appendix A cont. – Restaurant Licence Application**

*Please photocopy if there is not enough space*

**Person 3**

<b>3a Surname</b>			
<b>Given Name(s)</b>			
<b>3b Date of Birth</b>	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>3c Category of approval</b>	<b>Tick one or more boxes</b>		
	<input type="checkbox"/> Licensee  <input type="checkbox"/> Director  <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary  <input type="checkbox"/> Responsible Person	
<b>3d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____  <input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)	
<b>3e Current Residential Address</b>	Street Number _____ Street Name _____  Suburb / town: _____ Postcode: _____		
<b>3f Contact Details</b>	Phone: _____  Email: _____		

**Appendix A cont. – Restaurant Licence Application**

*Please photocopy if there is not enough space*

**Person 4**

<b>4a Surname</b>			
<b>Given Name(s)</b>			
<b>4b Date of Birth</b>	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>4c Category of approval</b>	<b>Tick one or more boxes</b>		
	<input type="checkbox"/> Licensee  <input type="checkbox"/> Director  <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary  <input type="checkbox"/> Responsible Person	
<b>4d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____  <input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)	
<b>4e Current Residential Address</b>	Street Number _____ Street Name _____  Suburb / town: _____ Postcode: _____		
<b>4f Contact Details</b>	Phone: _____  Email: _____		