

Liquor Licensing Act 1997  
Gaming Machines Act 1992

# Application for Suspension of a Licence

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at 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

## Part A – Licence to be Suspended

1. Type of Licence	<input type="checkbox"/> Liquor Licence Only	<input type="checkbox"/> Gaming Licence Only	<input type="checkbox"/> Both Liquor and Gaming Licence
	If the suspension includes a Gaming Licence, please ensure Part E is also completed.		

## Part B – Applicant

2. Name of Current Licensee	
3. Contact details for Enquiries Relating to this Application	Full name _____
	Telephone _____ Mobile _____
	Email _____

## Part C – Licensed Premises Details

4. Premises (Trading) Name									
5. Licence Number	<table border="1"> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	5							
5									
6. Premises Address	Street Number. _____ Street _____								
	Suburb/town _____ Postcode _____								
7. Contact Details for the Service of Notices <i>(Where information, such as correspondence or newsletters will be sent )</i>	<input type="checkbox"/> As Above <i>(if not same as the premises address, please complete details below)</i>								
	Postal Address _____								
	Suburb/Town _____ Postcode _____								
	Email _____								



**Part D – Suspension Details**

<b>8. Dates for the Suspension of the Liquor Licence</b>	<b>From:</b> (time)                      am/pm on Date        /        / <b>To:</b> (time)                      am/pm on Date        /        /                      (Inclusive)
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<b>9. Is the Suspension for the Whole of the Premises?</b>	<input type="checkbox"/> YES (go to question 11) <input type="checkbox"/> NO (go to question 10)
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<b>10. Area(s) to be Suspended</b>	
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<b>11. Reason for Suspension</b>	
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**Part E – Gaming Machine Details (If Applicable)**

<b>12. Does the Premises have Gaming Machines?</b>	<input type="checkbox"/> YES (go to question 13) <input type="checkbox"/> NO (go to Part F)
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<b>13. Where will the Gaming Machines be Stored While the Licence is in Suspension?</b>	<input type="checkbox"/> On the Premises that this Applications Relates  If the Gaming Machines are not to be stored at the address to which this application relates, please provide details of where they will be stored (i.e. Gaming Machine Dealer details):  Licensee Name: _____  Street Number. _____ Street _____  Suburb/Town _____ Postcode _____
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**Part F – Applicant’s Signature**

<b>Licensee (or Licensee’s Representative) Signature</b>	_____ Date        /        /
<b>Print Name</b>	