



Liquor Licensing Act 1997

Wholesale Liquor Merchant's 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. Further information is also available from the CBS website at 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 – Applicant Details (proposed licence holder)

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

Part B – Licensed Premise Details

7. Proposed Premises Name (Trading Name)			
8. Contact Details for the Service of Notices <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

9. Proposed Premises Details	Street Number _____ Street _____ Suburb/Town _____ Postcode _____ Daytime telephone number _____ Mobile _____ Fax _____ Email _____
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Part C – Additional Information

10. Plans	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')	
11. Sampling Area Required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(Please obtain council approval and outline on one submitted plan)</i>
12. Exemption from the requirement to have a responsible person required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(Please complete the Responsible Person Exemption From)</i>
13. Exemption from dispatch of liquor from licensed premises required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(Please provide address details of dispatch site below)</i> _____ _____ _____
14. On Appendix A, please list the persons requiring approval in any of the following categories:	<ul style="list-style-type: none"> • Licensee • Director • Shareholder 	<ul style="list-style-type: none"> • Adult Trust Beneficiary • Responsible Person

Part D – Applicant's Signature

Applicant Signature	_____ Date / /
Print Name	_____
Position/Title	_____

Appendix A – Wholesale Liquor Merchant’s Licence Application

Please photocopy if there is not enough space

Person 1

1a Surname			
Given Name(s)			
1b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee <input type="checkbox"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person	
1d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____ <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)	
1e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
1f Contact Details	Phone: _____ Email: _____		

Appendix A cont.– Wholesale Liquor Merchant’s Licence Application

Please photocopy if there is not enough space

Person 2

2a Surname				
Given Name(s)				
2b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
2c Category of approval	Tick one or more boxes			
	<input type="checkbox"/> Licensee <input type="checkbox"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person		
2d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____ <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)		
2e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____			
2f Contact Details	Phone: _____ Email: _____			

Appendix A cont. – Wholesale Liquor Merchant’s Licence Application

Please photocopy if there is not enough space

Person 3

3a Surname			
Given Name(s)			
3b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
3c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee <input type="checkbox"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person	
3d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____ <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)	
3e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
3f Contact Details	Phone: _____ Email: _____		

Appendix A cont. – Wholesale Liquor Merchant’s Licence Application

Please photocopy if there is not enough space

Person 4

4a Surname			
Given Name(s)			
4b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
4c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee <input type="checkbox"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person	
4d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____ <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)	
4e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
4f Contact Details	Phone: _____ Email: _____		