



Liquor Licensing Act 1997

Direct Sales 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.

Lodge this application form

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 on or more boxes)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company/Companies
2. Name of Applicant(s)			
3. ABN/ACN Number (if applicable)			
4. Is the Applicant Acting as a Trustee for any Trusts?	<input type="checkbox"/> NO (go to question 7)	<input type="checkbox"/> YES (go to question 5)	
5. Type of Trust	<input type="checkbox"/> Unit Trust	<input type="checkbox"/> Family Trust	
6. Name of Trust			
7. Contact Details for Enquiries Relating to this Application	Full Name _____ Daytime Telephone Number _____ Mobile _____ Fax _____ Email _____		

Part B – Licensed Premise Details

8. Proposed Trading Name	
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Part B cont. – Licensed Premise Details

<p>9. 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></p>	<p>Postal Address _____</p> <p>Suburb/Town _____ Postcode _____</p> <p>Email _____</p>
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<p>10. Business Address <i>(Physical Address must be provided. A Post Office box is not accepted)</i></p>	<p>Street Number. _____ Street _____</p> <p>Suburb/town _____ Postcode _____</p> <p>Daytime telephone number _____</p> <p>Mobile _____ Fax _____</p> <p>Email _____</p>
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Part C – Additional Information

<p>11. On Appendix A, please list the persons requiring approval in any of the following categories:</p>	<ul style="list-style-type: none"> • Licensee • Director • Shareholder 	<ul style="list-style-type: none"> • Adult Trust Beneficiary <p>Note: An Approved Responsible Person is not required for this class of licence.</p>
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<p>12. Standard Licence Conditions for a Direct Sales Licence</p>	<ol style="list-style-type: none"> 1. The licensee must maintain records to satisfy the Liquor and Gambling Commissioner that an audit trail exists to identify the purchase and sale or supply of liquor, and no liquor is sold or supplied to a minor. 2. Any delivery agreements and despatch sites must be made available for inspection by an authorised officer. 3. The licensee shall ensure that liquor is not delivered to premises which are unattended at the time of delivery, and that the recipient of the liquor delivered is 18 years of age or over. 4. The licensee shall be contactable by an authorised officer by telephone or email on any business day between the hours of 9.00am and 5.00pm. 5. The licensee must notify the Liquor and Gambling Commissioner of any change of contact address. 6. The licensee is required to clearly display the licence number on any advertisement, website, order forms or other media used to promote the licensee's business.
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Part D – Applicant's Signature

Applicant Signature	_____ Date / /
Print Name	
Position/Title	

Appendix A – Direct Sales Licence Application

Please photocopy if there is not enough space

Person 1

1a Surname			
Given Name(s)			
1b Date of Birth	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>
1c Category of approval	Tick one or more boxes		
	<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>	
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.– Direct Sales 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	
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. – Direct Sales Licence Application

Please photocopy if there is not enough space

Person 3

3a Surname			
Given Name(s)			
3b Date of Birth	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>
3c Category of approval	Tick one or more boxes		
	<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>	
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. – Direct Sales 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	
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: _____		