



Liquor Licensing Act 1997
Gaming Machines Act 1992

Transfer of a Licence

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
91 Grenfell Street
Adelaide SA 5000

By Mail at:
Consumer and Business Services
Customer Service Centre
GPO Box 2169
Adelaide SA 5001

By Email at:
applications@agd.sa.gov.au

Part A – Licence Being Transferred

1. Licence Being Transferred	<input type="checkbox"/> Liquor	<input type="checkbox"/> Liquor and Gaming
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Part B – Applicant Details (proposed licence holder)

2. Type of Applicant(s)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company/Companies
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3. Name of Applicant(s) (Please provide ACN if applicant is a company)	
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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)
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5. Type of Trust	<input type="checkbox"/> Unit Trust	<input type="checkbox"/> Family Trust
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6. Name of Trust Involved	
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7. Contact Details for Enquiries Relating to this Application	Full Name _____
	Daytime Telephone Number _____
	Mobile _____ Fax _____
	Email _____

Part C – Licensed Premises Details

8. Premises Name/Proposed Premises Name	
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9. Licence number	<input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Part C cont. – Licensed Premise Details

10. Premises Address	Street Number _____ Street _____ Suburb/town _____ Postcode _____ Daytime telephone number _____
11. Address for Service of Notices <i>(Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent)</i>	Street/PO Box number _____ Suburb/town _____ Postcode _____ Email _____

Part D – Current Licensee Consent to Transfer

12. Current Licensee	
13. Approval of the transfer <i>(Current Licensee to sign)</i>	<i>I/We Consent to the transfer (please sign in box)</i> Sign: _____ Print Name/s: _____

Part E – Currently Approved Persons Ceasing on Transfer

14. Approved persons ceasing on transfer	ID number	Full Name

Part F – Additional Information

15. On Appendix A, please list the persons requiring approval in any of the following categories:	<ul style="list-style-type: none"> • Licensee • Director • Shareholder • Adult Trust Beneficiary • Responsible Person
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Part G – Applicant’s Signature

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

Appendix A – Persons to be Approved

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"/> Responsible Person <input type="checkbox"/> Director <input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Shareholder		
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.– Transfer 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"/> Responsible Person	
	<input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary	
	<input type="checkbox"/> Shareholder		
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. – Transfer 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>Responsible Person</i>	<input type="checkbox"/> <i>Adult Trust Beneficiary</i>
	<input type="checkbox"/> <i>Director</i>		
	<input type="checkbox"/> <i>Shareholder</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. – Transfer 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"/> Responsible Person	<input type="checkbox"/> Adult Trust Beneficiary
	<input type="checkbox"/> Director		
	<input type="checkbox"/> Shareholder		
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: _____		