

Liquor Licensing Act 1997

Change of committee for a limited club licence - application

For assistance with this form please contact CBS by on 8226 8655 or applications@agd.sa.gov.au. Further information is also available from the CBS website at www.cbs.sa.gov.au.

Email
applications@agd.sa.gov.au

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

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

Please note that your responses will be checked by law enforcement agencies. If it is found that you have failed to disclose information required, or have provided false or misleading information in your application, you may be subject to criminal prosecution, disciplinary action and/or licence cancellation.

Part A – Applicant

1. Name of applicant (current licensee)	
2. Contact details for enquiries relating to this application	Full name _____ Telephone _____ Mobile _____ Email _____

Part B – Licensed premises details

3. Premises (trading) name									
4. Licence number	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 30px; height: 30px;">5</td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>	5							
5									
5. Premises details	Street number _____ Street _____ Suburb / Town _____ Postcode _____ Telephone _____ Mobile _____ Email _____								
6. Contact details for the service of notices <i>(Where information, such as correspondence 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 C – Applicant’s signature

Licensee (or licensee’s representative) signature	_____ Date / /
Print name	

PART D – Committee persons

	Full name (first, middle, last)	Position held	Address	Postcode	Phone number	M / F	Date of birth DD/MM/YY
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