

Liquor Licensing Act 1997

Change of committee for a club (with no gaming machine licence) - application

Important information before you complete the application

If the club has a **gaming machine licence**, each committee member must complete an [Application for Approval of a Person](#) instead of this form.

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	

Information for applicants

If approval is sought as a responsible person, a completed Personal Information Declaration (PID) is also required if:

- the person has not previously been approved by the Liquor and Gambling Commissioner
- they have previous approval that ceased more than six months ago
- their circumstances have changed since they last lodged a completed PID.

Committee details

New committee members

Please list the names of each new committee member (i.e. those who were not on the committee last year).

An application fee is payable for each new committee member. This fee does not apply to limited club licences (513 prefix).

	Full legal name (first, middle, last)	Position held	Residential address (include postcode)	Phone number	M / F	Date of birth DD/MM/YY	To be approved as a responsible person
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>

Please note: The names of these committee members will be forwarded to SAPOL to conduct police criminal history checks. Approval is subject to the commissioner not receiving information from SAPOL indicating that a committee member is not fit and proper.

Outgoing committee members

Please list the names of those people leaving the committee.

Full name	Full name