

Notification Of The Appointment Of A Receiver, Administrator, Official Manager or Liquidator

Customer Service Centre
 Visit us: 91 Grenfell Street, ADELAIDE SA 5000
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 Ph: 08 8226 8655
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For assistance with this application, contact the Customer Service Centre

1.	Name of applicant(s)							
2.	Contact details for enquiries	Name:						
		Phone:			Mobile:			
		Fax:			Email:			
3.	Premises business (trading) name							
4.	Licence number	5						
5.	Address of premises	No: Street:						
		Suburb/Town:				Postcode:		
		Daytime Phone No:			Fax:			
6.	Postal address (where information will be sent) If this is the same as the address of premises please write 'as above'							
		Suburb/Town:				Postcode:		
7.	Date of appointment (attach evidence of appointment)	____/____/____						
8.	Is the liquor licence to be suspended?	No (go to question 10)			Yes (go to question 9)			
9.	Suspension of liquor licence	From ____/____/____			To ____/____/____			

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- 10. Does the premises have a gaming machine licence? **No** (skip question 11 and 12) **Yes** (go to question 11)

- 11. Is the gaming machine licence to be suspended? (tick one box) **No** (skip question 12) **Yes** (go to question 12)

- 12. Suspension of gaming machine licence From ____/____/____ To ____/____/____

Note:
The dates of the suspension of the gaming machine licence has to be equal or greater than the suspension of the liquor licence dates.

Note:
This Office must be informed if the suspension of the gaming machine licence and/or the liquor licence is to be lifted earlier or if the suspension is to continue. If the liquor and/or gaming machine licence is to be operated, then a gaming machine manager/employee and/or responsible **must** be approved for the premises.

Applicant's Signature:

Date:/...../.....