

Liquor Licensing 1997

Prescribed entertainment consent – application

Office use only	
Received Date	
Transaction No	
Paid	\$
Initials	

Where to lodge this form

Email Scan and email to liquorandgaming@sa.gov.au	Post Licensing GPO Box 2169 ADELAIDE SA 5001	In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000
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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.

Supporting documents to be attached

New Application and application to vary area documents to be provided with your application

Original of

- Plans: one A3 colour plan showing the part of the premises that prescribed entertainment will be provided in, outlined in dotted blue on your plan* and one A3 black and white plan. This should NOT be a photocopy of the colour plan

(Refer to [Submitting a Plan - Lodgement Guide](#) for more information)

Type of application

I hereby apply for

- Application for prescribed entertainment consent
- Variation to current hours or type of prescribed entertainment consent
- Variation to part/s of the premises that prescribed entertainment consent applies to

Licensee details Please tick your preferred method of service for notices (eg. licences, fees)
 Email or Postal Address

Premises Name _____

Licence number (existing liquor licence number)

Premises Address _____

Postal Address _____

Mobile phone _____ Email _____

Contact details

Person authorised to complete and file this application form on behalf of the applicant

Contact Name _____

Postal Address _____

Daytime phone _____ Email _____

Electronic details to be registered for future communications regarding this licence

Email for all contact _____

Mobile phone for _____
SMS _____

Electronic contact consent

I agree to receive licensing information including all licence renewals, reminders and penalties by email

I also agree to receive reminders by SMS (only available when choosing to receive information by email)

I agree to update CBS of any change to my email address and mobile phone number

Authorised Signatory

_____ (full name of applicant/authorised person) _____ (relationship to Licensee (e.g. Licensee, Director, Legal Representative))

Signature _____ **Date** _____

