

Extended trading authorisation - 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.

Current licensee or applicant details

Person authorised to complete and file this application form on behalf of the applicant	
Contact Name	_____
Postal Address*	_____
Daytime phone	_____ Email _____

Premises name
Premises business (trading) name _____

Licence number (if an existing licence)
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"/>

Premises details

Provide address details of the premises	
Street No	Street _____
Suburb/town	Postcode _____
Daytime phone	_____
Mobile	_____
Email	_____

Provide postal address where information will be sent (if same as address, please write "as above")	
Street No	Street _____
Suburb/town	Postcode _____

Supporting documents to be attached

Two plans of the premises must accompany this application:

Original of

Plans: one A3 colour plan showing the layout of the premises 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)

Prescribed Entertainment Consent

Provide additional information related to your application

Prescribed Entertainment consent required during the extended trading hours? No Yes (Complete the Application for Prescribed Entertainment Consent form)

Type of Application

Provide details of your application

Application for Extended Trading Authorisation

Variation to current Extended Trading Authorisation hours

Variation to areas that Extended Trading Authorisation applies

Details of consumption

Provide details of the consumption on the premises

Monday	Midnight to	am the following day
Tuesday	Midnight to	am the following day
Wednesday	Midnight to	am the following day
Thursday	Midnight to	am the following day
Friday	Midnight to	am the following day
Saturday	Midnight to	am the following day
Sunday	Midnight to	am the following day

Details of consumption off the premises (carry-off)

Provide details of the consumption off the premises (carry-off)

Sundays (no earlier than 8am and no later than 9 pm)	8 pm	to	pm
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Remember to attach your plans, any additional documentation in support of your application

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 -----