

Liquor Licensing Act 1997  
Gaming Machines Act 1992

# Application Landlord or Mortgagee to Carry on Business as Licensee

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at liquorandgaming@sa.gov.au. Further information is also available from the CBS website at [www.cbs.sa.gov.au](http://www.cbs.sa.gov.au).

**In Person at:**  
Consumer and Business Services  
Customer Service Centre  
91 Grenfell Street  
Adelaide SA 5000

**By Mail to:**  
Consumer and Business Services  
Customer Service Centre  
GPO Box 2169  
Adelaide SA 5001

**By Email at:**  
liquorandgaming@sa.gov.au

## Part A – Application Details

<b>1. Licence Type(s)</b>	<input type="checkbox"/> Liquor	<input type="checkbox"/> Liquor and Gaming
<b>2. Is the Licence to be Suspended Also?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If the Liquor Licence is to be suspended, please ensure Part E is completed)	If a Gaming Licence is to be suspended also, please ensure Parts E and F are completed)

## Part B – Applicant

<b>3. Name of Applicant</b>	
<b>4. Contact details for Enquiries Relating to this Application</b>	Full name _____ Telephone _____ Mobile _____ Email _____

## Part C – Licensed Premises Details

<b>5. Premises (Trading) Name</b>									
<b>6. Licence Number</b>	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">5</td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> </table>	5							
5									
<b>7. Premises Address</b>	Street Number. _____ Street _____ Suburb/town _____ Postcode _____								
<b>8. Contact Details for the Service of Notices</b> <i>(Where information, such as the Licence, Correspondence and Annual Liquor Licensing Fee Invoices will be sent )</i>	<input type="checkbox"/> <b>As Above</b> <i>(if not same as the premises address, please complete details below)</i> Postal Address _____ Suburb/Town _____ Postcode _____ Email _____								



**Part D – Carry On Business Details**

<b>9. Proposed Period to Carry on Business</b>	From: Date     /     /  To:     Date     /     /     (Inclusive)
--	--

**Part E – Suspension Details (If Applicable)**

<b>10. Proposed Period of Suspension of Licence</b>	<input type="checkbox"/> Same as the Proposed Period to Carry on Business  OR  From: Date     /     /  To:     Date     /     /     (Inclusive)
---	---

**Part F – Gaming Machine Details (If Applicable)**

<b>11. Does the Premises have Gaming Machines?</b>	<input type="checkbox"/> Yes (go to question 12)	<input type="checkbox"/> No (go to Part F)
--	--	--

<b>12. Where will the gaming machines be stored while the licence is in suspension?</b>	<input type="checkbox"/> On the Premises that this Applications Relates  If the Gaming Machines are not to be stored at the address to which this application relates, please provide details of where they will be stored (i.e. Gaming Machine Dealer details):  Licensee Name: _____  Street Number. _____ Street _____  Suburb/Town _____ Postcode _____
---	---

**Part G – Applicant’s Signature**

<b>Licensee (or Licensee’s Representative) Signature</b>	_____ Date     /     /
<b>Print Name</b>	_____

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.