

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 applications@agd.sa.gov.au. Further information is also available from the CBS website at 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:
applications@agd.sa.gov.au

Part A – Application Details

1. Licence Type(s)	<input type="checkbox"/> Liquor	<input type="checkbox"/> Liquor and Gaming
2. Is the Licence to be Suspended Also?	<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

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

Part C – Licensed Premises Details

5. Premises (Trading) Name									
6. Licence Number	<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									
7. Premises Address	Street Number. _____ Street _____ Suburb/town _____ Postcode _____								
8. Contact Details for the Service of Notices <i>(Where information, such as the Licence, Correspondence and Annual Liquor Licensing Fee Invoices 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 D – Carry On Business Details

9. Proposed Period to Carry on Business	From: Date / / To: Date / / (Inclusive)
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Part E – Suspension Details (If Applicable)

10. Proposed Period of Suspension of Licence	<input type="checkbox"/> Same as the Proposed Period to Carry on Business OR From: Date / / To: Date / / (Inclusive)
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Part F – Gaming Machine Details (If Applicable)

11. Does the Premises have Gaming Machines?	<input type="checkbox"/> Yes (go to question 12)	<input type="checkbox"/> No (go to Part F)
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12. Where will the gaming machines be stored while the licence is in suspension?	<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 _____
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Part G – Applicant’s Signature

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