

Liquor Licensing 1997
Gaming Machines Act 1992

Office use only		Date	
Receipt No		Amount	\$
Application No		Initials	

Application to vary conditions of an existing liquor licence

Where to lodge this form

In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	Post Licensing and Registration GPO Box 2169 ADELAIDE SA 5001	Electronically Scan and email all documents to: CBSEApplications@sa.gov.au	More information www.cbs.sa.gov.au Ph: 08 8226 8655
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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.

Contact Details

*Please tick your preferred address for service of notices (eg licence, fees)

Contact Name	_____		
Postal Address*	_____		<input type="checkbox"/>
Daytime phone	_____	Email	_____

Licensee details

Trading Name	_____		
Licence number	5	(existing liquor licence number)	
Premises Address*	_____		<input type="checkbox"/>
Postal Address*	_____		<input type="checkbox"/>
Mobile phone	_____	Email	_____

What change are you seeking to your existing licence conditions?

Attach a separate sheet if necessary

<input type="checkbox"/> Liquor Licensing Act 1997	<input type="checkbox"/> Gaming Machines Act 1992

I have attached additional details of the order sought and any other supporting documentation e.g. council authorisation

Applicant Signature

(full name of applicant/authorised person)	
Signature	Date
_____	_____

