

# Producers licence - application

Office use only	
Received Date	
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Initials	

## Where to lodge this form

<b>Email</b> Scan and email to <a href="mailto:liquorandgaming@sa.gov.au">liquorandgaming@sa.gov.au</a>	<b>Post</b> Licensing GPO Box 2169 ADELAIDE SA 5001	<b>In person</b> 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**

Copy of:

- Plans: one plan with relevant colour coded defined areas - to a scale of 1:50  
(Refer to [Submitting a Plan - Lodgement Guide](#) for more information)
- List of all persons requiring approval
- [Completed PID](#) for any person who has never been approved or had a previous approval that ceased more than 6 months ago
- Additional applications and fees as required for additional consents

## Contact details

Person authorised to complete and file this application form on behalf of a corporate entity or association

Contact name \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

## Licensee details

Provide details of the current licensee or the applicant for this licence

Type of Applicant:     Individual     Partnership     Company/Companies     Trust

Name/Company/Trust \_\_\_\_\_

ACN 

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Licence number 

5									
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 (existing liquor licence number)

Street address\* \_\_\_\_\_

Postal address\* \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

## Production outlet details

Details of the production outlet and location of the premises	
Trading name	_____
Production address*	_____
Wine region	_____

## Retail outlet details

Details of the retail outlet and location of the premises	
<input type="checkbox"/> Details as for Production Outlet	
Retail address*	_____
Retail wine region	_____

## Additional consents

Additional consents that my licence will require	
<input type="checkbox"/> Prescribed entertainment consent	
<input type="checkbox"/> Extension of trading area	
<input type="checkbox"/> Exemption Responsible Person requirements	
<input type="checkbox"/> Consumption on premises	
<input type="checkbox"/> Exemption for dispatch of liquor from licensed premises	

## Persons requiring approval

I have attached details of the following people requiring approval	
<input type="checkbox"/> Licensee	
<input type="checkbox"/> Director	
<input type="checkbox"/> Committee members	
<input type="checkbox"/> Shareholder	
<input type="checkbox"/> Adult trust beneficiary	



Remember to attach the list of persons requiring approval, and their individual personal information declaration.

**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) \_\_\_\_\_ (office held)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Appendix A—Persons requiring approval

Please photocopy if there is not enough space. Fee payable for each person seeking approval

**Person in a position of authority: If they have never been approved or had a previous approval that ceased more than 6 months ago, they will require a PID to be attached to this application\*.**

Family name \_\_\_\_\_ Other names \_\_\_\_\_  
Residential address \_\_\_\_\_  
Date of birth \_\_\_\_\_ Male  Female   
Daytime phone \_\_\_\_\_ Email \_\_\_\_\_  
Current approval number (ID)\* \_\_\_\_\_  
Category of approval: (Tick one or more boxes)  
 Adult Trust Beneficiary     Director     Licensee     Shareholder

Family name \_\_\_\_\_ Other names \_\_\_\_\_  
Residential address \_\_\_\_\_  
Date of birth \_\_\_\_\_ Male  Female   
Daytime phone \_\_\_\_\_ Email \_\_\_\_\_  
Current approval number (ID)\* \_\_\_\_\_  
Category of approval: (Tick one or more boxes)  
 Adult Trust Beneficiary     Director     Licensee     Shareholder

Family name \_\_\_\_\_ Other names \_\_\_\_\_  
Residential address \_\_\_\_\_  
Date of birth \_\_\_\_\_ Male  Female   
Daytime phone \_\_\_\_\_ Email \_\_\_\_\_  
Current approval number (ID)\* \_\_\_\_\_  
Category of approval: (Tick one or more boxes)  
 Adult Trust Beneficiary     Director     Licensee     Shareholder

Family name \_\_\_\_\_ Other names \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Date of birth \_\_\_\_\_ Male  Female   
Daytime phone \_\_\_\_\_ Email \_\_\_\_\_  
Current approval number (ID)\* \_\_\_\_\_  
Category of approval: (Tick one or more boxes)  
 Adult Trust Beneficiary     Director     Licensee     Shareholder