



Liquor Licensing Act 1997

Application for Removal of a Liquor Licence

Consumer and Business Services Use Only		
Receipt No: _____	Amount: _____	Initials: _____

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.

In Person at:
Consumer and Business Services
91 Grenfell Street
Adelaide SA 5000

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

By Email at:
liquorandgaming@sa.gov.au

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.

Part A – Applicant Details

1. Name of Licensee	_____
2. Contact Details for Enquiries Relating to this Application	Full Name _____ Daytime Telephone Number _____ Mobile _____ Fax _____ Email _____

Part B – Licensed Premises Details

3. Premises Name	_____								
4. Licence number	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	5							
5									
5. Contact Details for the Service of Notices <i>(Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent)</i>	Postal Address _____ Suburb/Town _____ Postcode _____ Email _____								
6. Current Premises Address	Street Number. _____ Street _____ Suburb/Town _____ Postcode _____								

7. Proposed New Premises Address	Street Number. _____ Street _____ Suburb/Town _____ Postcode _____	
8. Plans	Two plans of the premises must accompany this application: 1) a black and white plan 2) a plan with relevant colour code outlining designated areas (refer 'Submitting Plan - Lodgement Guide')	
9. Are Gaming Machines Involved?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(Please complete an Application for Gaming Machine Licence form)</i>

Part C – Applicant’s Signature

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