

Liquor Licensing Act 1997

Residential liquor licence - application

Office use only	
Received Date	
Transaction No	
Paid	\$
Initials	

Where to lodge this form

Email Scan and email to liquorandgaming@sa.gov.au	Post Licensing GPO Box 2169 ADELAIDE SA 5001	In person 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

- Plans: one A3 colour plan showing the layout of the premises and one original A3 black and white plan. This should NOT be a photocopy of the colour plan
(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

Part A—Applicant details (proposed licence holder)

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

Type of applicant: Individual Partnership Company/Companies
(Tick one or more boxes)

Name of applicant(s) _____

ACN

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Is the applicant acting as a trustee for any trusts? Yes (see question below) No (go to contact details below)

Type of trust Unit Trust Family Trust

Name of trust involved _____

Contact details

Person authorised to complete and file this application form on behalf of the applicant

Contact Name _____

Postal Address* _____

Daytime phone _____ Email _____

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

Part B—Licensed premises details

Provide details of the proposed premises (where future correspondence and invoices will be sent)

Proposed premises name (trading name)

Postal address

Suburb/town

Postcode

Email

Proposed premises details

Street no

Street

Suburb/town

Postcode

Daytime phone

Mobile

Email

Part C—Additional Information

Provide additional information related to your application

- | | | | | | |
|--|--------------------------|----|--------------------------|-----|---|
| Extended trading authorisation required? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | (complete application for Extended Trading Authorisation Consent) |
| Prescribed entertainment consent required? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | (complete application for Prescribed Entertainment Consent) |
| Extension of trading area required?
(Has an outdoor dining permit been approved by the relevant local council?) | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | (submit copy of local council permit) |

Persons requiring approval

I have attached details of the following people requiring approval

- Licensee
- Director

- Shareholder
- Adult trust beneficiary
- Responsible person



Remember to attach your plans, any additional documentation in support of your application

Authorised signatory

.....
(full name of applicant/authorised person)

.....
Relationship to licensee (e.g. licensee, director, legal representative)

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