

Liquor Licensing Act 1997

Application for Exemption from Responsible Person Requirements

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

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

1. Name of Current Licensee or Applicant for Licence	
2. Contact details (business hours) for Enquiries Relating to this Application	Full name _____ Telephone _____ Mobile _____ Email _____

Part B – Licensed Premises Details

3. Premises (Trading) Name									
4. Licence Number	<table style="border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; font-size: 24px;">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									
5. Premises Address	Street Number. _____ Street _____ Suburb/town _____ Postcode _____								
6. 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 C – Application Details

7. Reason(s) for Seeking an Exemption from Responsible Person Requirement
(Detail the scope of your business)

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Part D – Additional Information

8. I have attached the additional information in support of this application

Details of liquor sales for the past 6-12 months

Attached

Part E – Applicant’s Signature

Applicants Signature		Date	/	/	
Print Name					