

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](mailto:applications@agd.sa.gov.au). Further information is also available from the CBS website at [www.cbs.sa.gov.au](http://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](mailto:applications@agd.sa.gov.au)

## Part A – Applicant

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

## Part B – Licensed Premises Details

<b>3. Premises (Trading) Name</b>									
<b>4. Licence Number</b>	<table border="1" style="display: inline-table; text-align: center; width: 100%;"> <tr> <td style="width: 12.5%; height: 30px; vertical-align: middle;">5</td> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%; height: 30px;"></td> <td style="width: 12.5%; height: 30px;"></td> </tr> </table>	5							
5									
<b>5. Premises Address</b>	Street Number. _____ Street _____ Suburb/town _____ Postcode _____								
<b>6. Contact Details for the Service of Notices</b>  <i>(Where information, such as the Licence, Correspondence and Annual Liquor Licensing Fee Invoices will be sent )</i>	<input type="checkbox"/> <b>As Above</b> <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**

<b>Applicants Signature</b>		Date	/	/
<b>Print Name</b>				