

Retail Liquor Merchant's Licence Application

Customer Service Centre
 Visit us: 91 Grenfell Street, ADELAIDE SA 5000
 Mail to: GPO Box 2169, ADELAIDE SA 5001
 Ph: 08 8226 8655
 Email: applications@agd.sa.gov.au
 Web: www.cbs.sa.gov.au

Office use only

Date

Receipt No

Amount Initials

For assistance with this application, please contact the Customer Service Centre

1. **Type of applicant(s)** *(tick one or more boxes)* Individual Partnership Company/Companies

2. **Name of applicant(s)**

3. **ABN/ACN Number**

4. **Is the applicant acting as a trustee for any trusts?** Yes *(go to question 5)* No *(go to question 7)*

5. **Type of trust** *(tick one box)* Unit trust Family trust

6. **Name of the trust involved**

7. **Contact details for enquiries**

Name:	
Phone:	Mobile:
Fax:	Email:

8. **Proposed business (trading) name**

9. **Address of premises or proposed premises**

No:	Street:
Suburb/Town:	Postcode:
Daytime Phone No:	Fax:

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10. **Postal address (where information will be sent)** *If this is the same as the address of premises please write 'as above'*

No:	Street:
Suburb/Town:	Postcode:

11. **Plans**

Two plans of the premises must accompany this application: 1) a black and white plan 2) a plan <i>with</i> relevant colour code outlining designated areas. (refer ' <i>Submitting Plan - Lodgement Guide</i>)

12. **Designated sampling area required?** No Yes (Please obtain council approval and outline on one submitted plan)

13. **On Appendix A, please list the persons requiring approval in any of the following categories:**

Director

Adult Trust Beneficiary

Shareholder

Responsible Person

Licensee

For assistance refer to '*Licensees, Directors and Shareholders Liquor Licensing Act, 1997 - Lodgement Guide*'

(Please photocopy if there is not enough space)

Appendix A
Retail Liquor Merchant's Licence Application

(c) Surname

Given Names

Date of Birth _____/_____/_____ Female Male

Category of approval (tick one or more boxes)

<input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Responsible Person
<input type="checkbox"/> Licensee	

Has this person been previously approved? Yes No Please complete a Personal Information Declaration form)

If yes, provide ID number and name of premises

Is this person still currently approved? Yes No Please complete an Application for approval of a person form)

(d) Surname

Given Names

Date of Birth _____/_____/_____ Female Male

Category of approval (tick one or more boxes)

<input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Responsible Person
<input type="checkbox"/> Licensee	

Has this person been previously approved? Yes No Please complete a Personal Information Declaration form)

If yes, provide ID number and name of premises

Is this person still currently approved? Yes No Please complete an Application for approval of a person form)

Applicant's signature: Date