

Retail liquor merchant's licence - application

Office use only	
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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

Documents to be provided with your application

Original of

- Plans: one A3 colour plan showing the layout of the premises and one A3 black and white plan. This should NOT be a photocopy of the colour plan.
(Refer to [Submitting Plan - Lodgement Guide](#) for more information)
- List of all persons requiring approval are to be listed in Appendix A
- Completed [Personal Information Declaration \(PID\)](#) for any person(s) who have never been approved or have 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 contact details for future communications regarding this licence

Email for all contact	.....
Mobile phone for SMS	.....

Electronic contact consent

<input type="checkbox"/>	I agree to receive licensing information including all licence renewals, reminders and penalties by email
<input type="checkbox"/>	I also agree to receive reminders by SMS (only available when choosing to receive information by email)
<input type="checkbox"/>	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	
Proposed premises name (trading name)	.....
Postal Address	.....
Suburb/town	.....
Postcode	.....
Email	.....

Proposed premises details	
Street No	Street
Suburb/town	Postcode
Daytime phone	.....
Mobile	.....
Email	.....

Persons requiring approval

I have attached details of the following people requiring approval on Appendix A	
<input type="checkbox"/> Licensee	<input type="checkbox"/> Shareholder
<input type="checkbox"/> Director	<input type="checkbox"/> Adult trust beneficiary

Part C—Submission

The Licensing Authority must be satisfied that:

- The licensed premises already existing in the locality in which the premises or proposed premises to which the application relates are, or are proposed to be, situated, do not adequately cater for the public demand for liquor for consumption off licensed premises and the licence is necessary to satisfy that demand
- The grant of the application would not be contrary to the public interest

Please provide and attach a written submission and any other relevant documents in support of you application which addresses the above requirements.

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

