

Liquor Licensing Act 1997

Liquor licence wholesale liquor merchant - 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

Copy of

- 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

Contact details

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

Contact name

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

Licensee details *Please tick your preferred address for service of notices (eg licence, fees)

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

Type of Applicant: Individual Partnership Company/Companies Trust

Name/Company/Trust _____

ACN

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Licence number

5									
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 (existing liquor licence number)

Street address* _____

Postal address* _____

Mobile phone _____ Email _____

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 _____

Additional information

Provide additional information related to your application

Exemption from the requirement to have a responsible person required? No Yes (Please complete the Responsible Person Exemption form)

Exemption for dispatch of liquor from licensed premises

Dispatch address _____

Persons requiring approval

I have attached details of the following people requiring approval

- Licensee
- Director
- Shareholder
- Adult trust beneficiary



Remember to attach the list of persons requiring approval, and their individual personal information declaration.

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 do not have a current approval (granted within the last 6 months), 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