

Review of Barring Order Application

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at liquorandgaming@sa.gov.au. Further information is also available from the CBS website at www.cbs.sa.gov.au.

Lodge this application form (no fee is payable):-

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:
 liquorandgaming@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 – Barred Person Details

1. Name of Person Barred	
2. Contact details for Enquiries	Full name _____ Daytime telephone number _____ Mobile _____ Fax _____ Email _____
3. Address for Service of Notice <i>(Where information relating to this application will be sent)</i>	Street/PO Box number _____ Suburb/town _____ Postcode _____

Part B – Licensed Premise Details

4. Premises from which Person was Barred									
5. Licence Number	<table style="border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;">5</td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> </tr> </table>	5							
5									
6. Premises Address	Street Number. _____ Street _____ Suburb/town _____ Postcode _____								



Part C – Barring Details

7. Date of Receipt of Barring Order	Date / /
8. Period(s) person has been barred	To: / / From: / /
9. Barred Under	Tick one box
	<input type="checkbox"/> <i>Liquor Licensing Act 1997</i> <input type="checkbox"/> <i>Gaming Machines Act 1992</i>
10. Reason(s) for Seeking a Barring Review	<i>(If insufficient space, please attach any further information)</i>

Attach a copy of the barring order

Applicants Signature	_____ Date / /
Print Name	