

Liquor Licensing Act 1997

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Club liquor licence - application

Information

This application form can be used to apply for a club licence under the *Liquor Licensing Act 1997*, but does not include gaming licence approval.

Fees

Application fees are payable for:

- Application for a club licence
- Each person listed as Persons Requiring Approval
- Each person listed that requires a badge
- Any further approvals or authorisations (if applied for).

[Application fees and Person Approval fees](#) are available from our website.

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

- 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
- A [completed Personal Identification Declaration \(PID\)](#) is also required if: the person is not currently approved by the Liquor and Gaming Commissioner, and the club holds a licence under the *Gaming Machines Act 1992*.

Applicant details

Person authorised to complete and file this application form on behalf of the applicant	
Contact Name	_____
Postal Address	_____
Daytime phone	_____ Email _____

Licensee details

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

Name of Club _____
Contact Name _____
Postal Address* _____
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

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 _____

Licence details

Provide additional information related to your application					
Extended Trading Authorisation required? (trade between midnight and 5am)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(complete application for Extended Trading Authorisation Consent)
Prescribed Entertainment Consent required?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(complete application for Prescribed Entertainment Consent)
Extension of Trading Area required? (Has an Outdoor Dining Permit been approved by the relevant Local Council?)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(submit copy of local council permit)
Sale of packaged liquor to members (carry off)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(submit explanation justifying need for carry off)

Persons requiring approval

I have attached details of the following people requiring approval	
<input type="checkbox"/> Committee members	<input type="checkbox"/> Responsible person
<input type="checkbox"/> Other	



Remember to attach your plans, any additional documentation in support of your application

Authorised Signatory

- I have attached the required plans for the proposed licensed premises
- I have completed the relevant pages (as listed above) and submitted the required fee/s with this application

..... (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)
 Committee Member Responsible Person Other.....

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)
 Committee Member Responsible Person Other.....

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)
 Committee Member Responsible Person Other.....

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)
 Committee Member Responsible Person Other.....