

Liquor Licensing 1997

Direct sales licence 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

Documents to be provided with your application:

Original of

- List of all persons requiring approval on Appendix A
- [Completed PID](#) for any person who has never been approved or had a previous approval that ceased more than 6 months ago

Application information

The following are standard conditions that will appear on your licence.

- The licensee must maintain records to satisfy the Liquor and Gambling Commissioner that an audit trail exists to identify the purchase and sale or supply of liquor, and no liquor is sold or supplied to a minor.
- Any delivery agreements and despatch sites must be made available for inspection by an authorised officer.
- If the purchaser instructs that a person is to take delivery of the liquor, the licensee must ensure that the person taking delivery is 18 years of age or over.
- The licensee shall be contactable by an authorised officer by telephone or email on any business day between the hours of 9.00 am and 5.00 pm.
- The licensee must notify the Liquor and Gambling Commissioner of any change of contact address.
- The licensee is required to clearly display the licence number on any advertisement, website, order forms or other media used to promote the licensee's business.

Fees

Application fees are payable for:

- Application for a direct sales licence
- Each person listed as Persons Requiring Approval

Application fees and **Person Approval fees** are available from our website.

Persons requiring approval in the following categories are required to be listed on the Persons Requiring Approval page:

- Any person in a position of authority (Director, Shareholder, Licensee)
- Responsible Person - If they do not have a current approval (granted within the last 6 months), they will require a PID with this application.
- Adult Trust Beneficiary.

Licensee details

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

Type of applicant: Individual Partnership Company/Companies

Name of applicant _____

ABN/ACN number

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Is the applicant acting for any trusts? Provide details of all adult beneficiaries in Appendix A

Postal address _____

Mobile phone _____

Email _____

Premises details

Details of the trading name and location of the premises

Business name _____

Premises address* _____

Daytime phone _____

Email _____

Contact details

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

Contact name _____

Postal address _____

Daytime phone
/mobile _____

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

Persons requiring approval

I have attached details of the following people requiring approval on Appendix A

- 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 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