

# Entertainment venue licence application

Office use only	
Received Date	
Transaction No	
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Initials	

## Where to lodge this form

<b>Email</b> Scan and email to <a href="mailto:liquorandgaming@sa.gov.au">liquorandgaming@sa.gov.au</a>	<b>Post</b> Licensing GPO Box 2169 ADELAIDE SA 5001	<b>In person</b> 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
- [Completed PID](#) for any person who has never been approved or 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 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

## Part B—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 \_\_\_\_\_

## Part C—Additional Information

Provide additional information related to your application

Extended Trading Authorisation required?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(complete Application for Extended Trading Authorisation Consent)
Supply of liquor without a meal required? (s 35(1)(c))	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
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)

## Persons requiring approval

I have attached details of the following people requiring approval

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Licensee | <input type="checkbox"/> Shareholder             |
| <input type="checkbox"/> Director | <input type="checkbox"/> Adult trust beneficiary |
|                                   | <input type="checkbox"/> Responsible person      |



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

## Authorised signatory

_____ (full name of applicant/authorised person)	_____ Relationship to licensee (e.g. licensee, director, legal representative)
<b>Signature</b> _____	<b>Date</b> _____

# 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