



Consumer and Business Services Use Only			
Receipt No:	Amount:	Initials:	
Date:	App No:		

Liquor Licensing Act 1997

Special Circumstance Licence Application

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

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:
applications@sa.gov.au

Part A – Applicant Details (proposed licence holder)			
1. Type of Applicant(s) (tick on or more boxes)	Individual	Partnership	Company/Companies
2. Name of Applicant(s) (Please provide ACN if applicant is a company)			
3. Is the Applicant Acting as a Trustee for any Trusts?	No (go to Q5)	Yes	Unit Trust Family Trust
4. Name of Trust			
5. Contact Details for Enquiries Relating to this Application	Name:		
	Daytime Telephone Number:		
	Mobile:	Fax:	
	Email:		
Part B – Licensed Premises Details			
6. Proposed Premises Name (Trading Name)			
7. Contact Details for the Service of Notices (Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent)	Postal Address:		
	Suburb/Town:	Postcode:	
	Email:		
8. Proposed Premises Details	Street Number:	Street:	
	Suburb/Town:	Postcode:	
	Daytime Telephone Number:		
	Mobile:	Fax:	
	Email:		
9. Type of licence (Tick one box)	Vessel (Go to Q11)		Caterer (Go to Q12)
	Vehicle (Go to Q10)		Building/Other (Go to Q13)

Part C – Additional Information						
14. Proposed Trading Hours Please Note: Standard trading hours are: Monday to Saturday 5am to Midnight Sunday 11am to 8pm Should you wish to trade outside these hours you will need to apply for an Extended Trading Authorisation.	For consumption on premises (refer Q18)		For consumption off premises (refer Q18)			
	Monday	am/pm to (Circle)	am/pm (Circle)	Monday	am/pm to (Circle)	am/pm (Circle)
	Tuesday	am/pm to	am/pm	Tuesday	am/pm to	am/pm
	Wednesday	am/pm to	am/pm	Wednesday	am/pm to	am/pm
	Thursday	am/pm to	am/pm	Thursday	am/pm to	am/pm
	Friday	am/pm to	am/pm	Friday	am/pm to	am/pm
	Saturday	am/pm to	am/pm	Saturday	am/pm to	am/pm
	Sunday	am/pm to	am/pm	Sunday	am/pm to	am/pm
	Christmas Day	am/pm	to	am/pm		
	Good Friday	am/pm (Circle)	to	am/pm (Circle)		
15. Extended Trading Authorisation Required?	No	Yes (please complete the Application for Extended Trading Authorisation)				
16. Entertainment Consent Required?	No	Yes (please complete the Application for Entertainment Consent)				
17. Extension of Trading Area Required? (Has an Outdoor Dining Permit been Approved by the relevant Local Council?)	No	Yes (Please submit copy of Local Council Permit)				
18. Consumption On and Off Premises?	On		Off			
Part D – Submission						
19. Submission	The Licensing Authority must be satisfied that: <ul style="list-style-type: none"> A licence of no other category (with or without an extended trading authorisation) could adequately cover the kind of business proposed by the applicant; and The proposed business would be substantially prejudiced if the applicant's trading rights were limited to those possible under a licence of some other category Please provide and attached a written submission in support of you application which includes: <ul style="list-style-type: none"> an overview of the proposed business; and why your proposed business does not fit into another category of licence 					

Appendix A

Please complete the Appendix A for all persons requiring approval in any of the following categories:

Licensee Director Shareholder Adult Trust Beneficiary Responsible Persons

Please photocopy if not enough space

Person 1

1a. Full Name:			
1b. Date of Birth	/ /	Female	Male
1c. Category of Approval (Tick one of more boxes)	Licensee Director Shareholder	Adult Trust Beneficiary Responsible Persons	
1d. Previous Approval	Is this person currently approved ? Yes ID Number: _____ No A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)		
1e. Current Residential Address	Street Number:	Street:	
	Suburb/Town:		Postcode:
1d. Contact Details	Phone Number:		
	Email:		

Person 2

1a. Full Name:			
1b. Date of Birth	/ /	Female	Male
1c. Category of Approval (Tick one of more boxes)	Licensee Director Shareholder	Adult Trust Beneficiary Responsible Persons	
1d. Previous Approval	Is this person currently approved ? Yes ID Number: _____ No A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)		
1e. Current Residential Address	Street Number:	Street:	
	Suburb/Town:		Postcode:
1d. Contact Details	Phone Number:		

Person 3			
1a. Full Name:			
1b. Date of Birth	/ /	Female	Male
1c. Category of Approval (Tick one of more boxes)	Licensee Director Shareholder	Adult Trust Beneficiary Responsible Persons	
1d. Previous Approval	Is this person currently approved ? Yes ID Number: _____ No A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)		
1e. Current Residential Address	Street Number:	Street:	
	Suburb/Town:		Postcode:
1d. Contact Details	Phone Number:		
Person 4			
1a. Full Name:			
1b. Date of Birth	/ /	Female	Male
1c. Category of Approval (Tick one of more boxes)	Licensee Director Shareholder	Adult Trust Beneficiary Responsible Persons	
1d. Previous Approval	Is this person currently approved ? Yes ID Number: _____ No A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)		
1e. Current Residential Address	Street Number:	Street:	
	Suburb/Town:		Postcode:
1d. Contact Details	Phone Number:		