

Liquor Licensing Act 1997

Special circumstances 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

- 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

Premises details

Provide address details of the premises

Proposed Premises

Name (Trading name) _____

Street No _____ Street _____

Suburb/town _____ Postcode _____

Daytime phone _____

Mobile _____

Email _____

Proposed premises details

Provide postal address where information will be sent (if same as address, please write "as above")

Street No _____ Street _____

Suburb/town _____ Postcode _____

Part B—Type of licence

Tick only one

Vessel

Caterer

Vehicle

Building/Other

If vehicle selected

Insert Registration number here
(attach Vehicle Inspection report
and current Certificate of
Registration) _____

If vessel selected (attach Certificate of
Survey and Registration to this application) _____

Provide business/administrative address if vehicle, vessel or caterer is chosen as type of licence

Street No _____ Street _____

Suburb/town _____ Postcode _____

Daytime phone _____

Mobile _____

Email _____

Part C—Proposed Trading Hours

Provide details of proposed trading hours

Please Note: Standard trading hours are: Monday to Saturday 5am to midnight and Sunday 8am to midnight. Should you wish to trade outside these hours you will need to apply for an Extended Trading Authorisation.

Day	For consumption ON premises (Please circle)		For consumption OFF premises (Please circle)	
	am/pm to	am/pm	am/pm to	am/pm
Monday	am/pm to	am/pm	am/pm to	am/pm
Tuesday	am/pm to	am/pm	am/pm to	am/pm
Wednesday	am/pm to	am/pm	am/pm to	am/pm
Thursday	am/pm to	am/pm	am/pm to	am/pm
Friday	am/pm to	am/pm	am/pm to	am/pm
Saturday	am/pm to	am/pm	am/pm to	am/pm
Sunday	am/pm to	am/pm	am/pm to	am/pm

Part D—Additional authorisations required

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)
Prescribed Entertainment required?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	(complete the 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)
Consumption on and off premises?	<input type="checkbox"/>	On	<input type="checkbox"/>	Off	

Part E—Submission

The licensing authority must be satisfied that:

- 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 attach a written submission in support of you application which includes:

- **an overview of the proposed business; and**
- **why your proposed business does not fit into another category of licence.**

Please list all conditions you seek as part of this application. **Attach separate sheet if necessary.**

Please refer to the [Special Circumstance Licence - Lodgement Guide](#) for examples of conditions.

Details of conditions being sought



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)
Signature	Date

Appendix A—persons requiring approval

Please photocopy if there is not enough space. Fee are 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

