



Liquor Licensing Act 1997
Gaming Machines Act 1992

Transfer of a Licence

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

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at applications@agd.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
91 Grenfell Street
Adelaide SA 5000

By Mail at:

Consumer and Business Services
Customer Service Centre
GPO Box 2169
Adelaide SA 5001

By Email at:

applications@agd.sa.gov.au

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.

Part A – Licence Being Transferred

1. Licence Being Transferred	<input type="checkbox"/> Liquor	<input type="checkbox"/> Liquor and Gaming
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Part B – Applicant Details (proposed licence holder)

2. Type of Applicant(s)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company/Companies
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3. Name of Applicant(s) (Please provide ACN if applicant is a company)	
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4. Is the Applicant Acting as a Trustee for any Trusts?	<input type="checkbox"/> No (go to question 7)	<input type="checkbox"/> Yes (go to question 5)
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5. Type of Trust	<input type="checkbox"/> Unit Trust	<input type="checkbox"/> Family Trust
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6. Name of Trust Involved	
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7. Contact Details for Enquiries Relating to this Application	Full Name _____ Daytime Telephone Number _____ Mobile _____ Fax _____ Email _____
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Part C – Licensed Premises Details

8. Premises Name/Proposed Premises Name	
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9. Licence number	<input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Part C cont. – Licensed Premise Details

10. Premises Address	Street Number _____ Street _____ Suburb/town _____ Postcode _____ Daytime telephone number _____
11. Address for Service of Notices <i>(Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent)</i>	Street/PO Box number _____ Suburb/town _____ Postcode _____ Email _____

Part D – Current Licensee Consent to Transfer

12. Current Licensee	
13. Approval of the transfer <i>(Current Licensee to sign)</i>	<i>I/We Consent to the transfer (please sign in box)</i> Sign: Print Name/s: _____

Part E – Currently Approved Persons Ceasing on Transfer

14. Approved persons ceasing on transfer	ID number	Full Name

Part F – Additional Information

15. On Appendix A, please list the persons requiring approval in any of the following categories:	<ul style="list-style-type: none"> • Licensee • Director • Shareholder • Adult Trust Beneficiary • Responsible Person
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Part G – Applicant’s Signature

Applicant Signature	_____ Date / /
Print Name	_____
Position/Title	_____

Appendix A – Persons to be Approved

Please photocopy if there is not enough space

Person 1

1a Surname			
Given Name(s)			
1b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee <input type="checkbox"/> Responsible Person <input type="checkbox"/> Director <input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Shareholder		
1d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____ <input type="checkbox"/> No (Note: 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 Name _____ Suburb / town: _____ Postcode: _____		
1f Contact Details	Phone: _____ Email: _____		

Appendix A cont.– Transfer Licence Application

Please photocopy if there is not enough space

Person 2

2a Surname			
Given Name(s)			
2b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Responsible Person	
	<input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary	
	<input type="checkbox"/> Shareholder		
2d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
2e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
2f Contact Details	Phone: _____ Email: _____		

Appendix A cont. – Transfer Licence Application

Please photocopy if there is not enough space

Person 3

3a Surname			
Given Name(s)			
3b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
3c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Responsible Person	<input type="checkbox"/> Adult Trust Beneficiary
	<input type="checkbox"/> Director		
	<input type="checkbox"/> Shareholder		
3d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
3e Current Residential Address	Street Number _____ Street Name _____		
	Suburb / town: _____ Postcode: _____		
3f Contact Details	Phone: _____		
	Email: _____		

Appendix A cont. – Transfer Licence Application

Please photocopy if there is not enough space

Person 4

4a Surname			
Given Name(s)			
4b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
4c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Responsible Person	<input type="checkbox"/> Adult Trust Beneficiary
	<input type="checkbox"/> Director		
	<input type="checkbox"/> Shareholder		
4d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
4e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
4f Contact Details	Phone: _____ Email: _____		