

Liquor Licensing Act 1997

Office use only	
Received	
Application No	
Receipt	

Application to Vary Limited (Event based) Licence

Where to lodge this Form

In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	Post Licensing and Registration GPO Box 2169 ADELAIDE SA 5001	Electronically Scan and email all documents to: limitedlicences@sa.gov.au	More information www.cbs.sa.gov.au Ph: 08 8226 8555
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Applicant/Licensee Details

Applicant/Licensee _____ (full name)

Postal Address _____

Applicant Contact Details

Contact Name _____

Daytime phone _____ Email _____

Event Details

Limited Licence Number _____ Date of Event _____

Name of venue/event _____

Address of venue _____

Proposed Variation/s

(If insufficient space, please attach a separate sheet)

Payment must accompany this form - [Credit Card Payment Form](#)

Postal payments can be made by cheque, money order, credit card, or you attending our Customer Service Centre.

Limited Licence fees can be found: www.cbs.sa.gov.au

I consent to vary the application

Signature _____ Date _____

