



Liquor Licensing Act 1997

# Application for a Hotel Licence

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](http://www.cbs.sa.gov.au).

Lodge this application form (no fee is payable):-

**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@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 – Applicant Details (proposed licence holder)

<b>1. Type of Applicant(s)</b> (tick on or more boxes)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company/Companies
<b>2. Name of Applicant(s)</b>			
<b>3. ABN/ACN Number</b>			
<b>4. Is the Applicant Acting as a Trustee for any Trusts?</b>	<input type="checkbox"/> Yes (go to question 5)	<input type="checkbox"/> No (go to question 7)	
<b>5. Type of Trust</b>	<input type="checkbox"/> Unit Trust	<input type="checkbox"/> Family Trust	
<b>6. Name of Trust Involved</b>			
<b>7. Contact Details for Enquiries (about this application)</b>	Full Name _____ Daytime Telephone Number _____ Mobile _____ Fax _____ Email _____		

## Part B – Licensed Premise Details

<b>8. Proposed Premises Name (Trading Name)</b>			
<b>9. Contact Details for the Ongoing Service of Notices</b> <i>(Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent )</i>	Postal Address _____ Suburb/Town _____ Postcode _____ Email _____		
<b>10. Premises Details</b>	Street Number. _____ Street _____ Suburb/Town _____ Postcode _____ Daytime telephone number _____ Mobile _____ Fax _____ Email _____		

**Part C – Additional Information**

<p><b>11. Plans</b></p>	<p>Two plans of the premises must accompany this application:</p> <p>1) a black and white plan                  2) a plan with relevant colour code outlining designated areas.                  (refer 'Submitting Plan - Lodgement Guide')</p>	
<p><b>12. Extended trading authorisation required?</b></p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <i>(also complete and attach the Application for Extended Trading Authorisation)</i></p>
<p><b>13. Entertainment Consent required?</b></p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <i>(also complete and attach the Application for Entertainment Consent)</i></p>
<p><b>14. Designated Dining Area Required</b></p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <i>(outline on relevant colour coded plan)</i></p>
<p><b>15. Designated Reception Required</b></p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <i>(outline on relevant colour coded plan)</i></p>
<p><b>16. Extension of trading area required? (Has an Outdoor Dining Permit been Approved by the relevant Local Council)</b></p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <i>( copy of Local Council Permit to be provided prior to determination of application)</i></p>
<p><b>16. Persons to be Approved</b></p>	<p><i>Please list details of all persons to be approved at Annexure A</i></p>	

**Part D – Applicant's Signature**

<p><b>Applicants Signature</b></p>	<p>_____ Date / /</p>
<p><b>Print Name</b></p>	<p>_____</p>
<p><b>Position/Title</b></p>	<p>_____</p>

**Appendix A – Hotel Licence Application - Persons Requiring Approval**

**Person 1**

<b>1a Surname</b>			
<b>Given Name</b>			
<b>1b Date of Birth</b>	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>1c Category of approval</b>	<b>Tick one or more boxes</b>		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Adult Trust Beneficiary	
	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Responsible person	
	<input type="checkbox"/> Director	<input type="checkbox"/> Other - Position Title: .....	
<b>1d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____	<input type="checkbox"/> 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)
<b>1e Current Residential Address</b>	Street Number _____ Street Name _____		
	Suburb / town: _____ Postcode: _____		
<b>1f Contact Details</b>	Phone: _____		
	Email: _____		

**Person 2**

<b>2a Surname</b>			
<b>Given Name</b>			
<b>2b Date of Birth</b>	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>2c Category of approval</b>	<b>Tick one or more boxes</b>		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Adult Trust Beneficiary	
	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Responsible person	
	<input type="checkbox"/> Director	<input type="checkbox"/> Other - Position Title: .....	
<b>2d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____	<input type="checkbox"/> 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)
<b>2e Current Residential Address</b>	Street Number _____ Street Name _____		
	Suburb / town: _____ Postcode: _____		
<b>2f Contact Details</b>	Phone: _____		
	Email: _____		

**Person 3**

<b>3a Surname</b>				
<b>Given Name</b>				
<b>3b Date of Birth</b>	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>	
<b>3c Category of approval</b>	<b>Tick one or more boxes</b>			
	<input type="checkbox"/> <i>Licensee</i> <input type="checkbox"/> <i>Shareholder</i> <input type="checkbox"/> <i>Director</i>	<input type="checkbox"/> <i>Adult Trust Beneficiary</i> <input type="checkbox"/> <i>Responsible person</i> <input type="checkbox"/> <i>Other - Position Title: .....</i>		
<b>3d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____ <input type="checkbox"/> 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)		
<b>3e Current Residential Address</b>	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____			
<b>3f Contact Details</b>	Phone: _____ Email: _____			

**Person 4**

<b>4a Surname</b>				
<b>Given Name</b>				
<b>4b Date of Birth</b>	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>	
<b>4c Category of approval</b>	<b>Tick one or more boxes</b>			
	<input type="checkbox"/> <i>Licensee</i> <input type="checkbox"/> <i>Shareholder</i> <input type="checkbox"/> <i>Director</i>	<input type="checkbox"/> <i>Adult Trust Beneficiary</i> <input type="checkbox"/> <i>Responsible person</i> <input type="checkbox"/> <i>Other - Position Title: .....</i>		
<b>4d Previous Approval</b>	Is this person currently approved ?	<input type="checkbox"/> Yes <b>ID No:</b> _____ <input type="checkbox"/> 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)		
<b>4e Current Residential Address</b>	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____			
<b>4f Contact Details</b>	Phone: _____ Email: _____			