



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

## 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

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

## Part D – Applicant's Signature

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

**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"/> Female	<input type="checkbox"/> Male	
<b>3c Category of approval</b>	<b>Tick one or more boxes</b>			
	<input type="checkbox"/> Licensee <input type="checkbox"/> Shareholder <input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible person <input type="checkbox"/> Other - Position Title: .....		
<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"/> Female	<input type="checkbox"/> Male	
<b>4c Category of approval</b>	<b>Tick one or more boxes</b>			
	<input type="checkbox"/> Licensee <input type="checkbox"/> Shareholder <input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible person <input type="checkbox"/> Other - Position Title: .....		
<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: _____			