



Liquor Licensing Act 1997

Small Venue Licence Application

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
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)

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

Part B – Licensed Premise Details

7. Proposed Premises Name (Trading Name)			
8. Contact Details for the Service of Notices <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 _____		

Part B cont. – Licensed Premise Details

9. Proposed Premises Details	Street Number. _____ Street _____
	Suburb/Town _____ Postcode _____
	Daytime telephone number _____
	Mobile _____ Fax _____
	Email _____

Part C – Additional Information

10. Plans	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')	
11. Extended Trading Authorisation Required? (trade between either 8am to 11am AND/OR midnight and 2am)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please complete the Application for Extended Trading Authorisation Consent)
12. Entertainment Consent Required? (between either 8am to 11am AND/OR midnight and 2am)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please complete the Application for Entertainment Consent)
13. 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 (Please submit copy of Local Council Permit)
14. On Appendix A, please list the persons requiring approval in any of the following categories:	<ul style="list-style-type: none"> • Licensee • Director • Shareholder 	<ul style="list-style-type: none"> • Adult Trust Beneficiary • Responsible Person

Part D – Applicant’s Signature

Applicant Signature	_____ Date / /
Print Name	
Position/Title	

Appendix A – Small Venue Licence Application

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"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person		
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.– Small Venue 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"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person		
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. – Small Venue 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"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person	
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. – Small Venue 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"/> Director <input type="checkbox"/> Shareholder	<input type="checkbox"/> Adult Trust Beneficiary <input type="checkbox"/> Responsible Person	
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: _____		