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| sa_arms*(Application for Review of or an Appeal from the Commissioner’s Decision – Form Version June 2012)* |  | File No: |
| APPLICATION FOR REVIEW OF OR AN APPEAL FROM THE COMMISSIONER’S DECISIONLicensing Court of South Australia*Liquor Licensing Act 1997 (s.22); Gaming Machines Act 1992 (s.69)* |
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| **Name of Case** |
| *Set out details:* |
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| Date of decision\*: |  |
| *\*If the Commissioner’s decision and/or order is in writing, attach a copy.* |

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| **Instructions for the Applicant:** |
| 1 | This form (with a copy for each other party to the application) must be filed with the Court at the address below. |
| 2 | An application seeking a review of the Commissioner’s decision under the *Liquor Licensing Act 1997*, or an appeal from a party to proceedings before the Commissioner under the *Gaming Machines Act 1992*, must make such an application **within the time prescribed by the relevant Act** or a longer period allowed by the Court. **If an** **extension of time** is sought the application must be accompanied by an **Application for Directions** seeking the extension of time together with a supporting **Affidavit**. |
| 3 | The Court will assign a date/time for a **directions hearing** of the application and write the details in the space below. |
| 4 | The applicant must serve a copy of this form on the Commissioner and upon all other relevant parties within 14 days. |
| 5 | After service, the applicant must complete the attached *Certificate of Service* in respect of each party served.  |
| 6 | The completed *Certificate of Service* must be filed with the Court before the hearing. |

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| **HEARING DETAILS:** | **Licensing Court of South Australia****7th Floor, Riverside Centre** **North Terrace, Adelaide****On:** **At:**  |  |
|  **......................................................****Clerk of the Licensing Court of SA** |
| Tel: (08) 8207 0954 Fax: (08) 8115 1380 Email: licensingcourt@sa.gov.au |

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| **Applicant’s Details** |
| Name: |  |
| Contact:  |  |
| *(for corporations/organisations, include a contact person name)* |
| Address: |  |
| Tel: |  | Fax: |  |
| Email: |  |
| *If the applicant is not represented, this will be regarded as the address for service in relation to any documents produced by the Court or to be served by any other party. If this is address changes you should complete the relevant Form.* |

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| **Details of Applicant’s Representative (if any)** |
| Name: |  |
| Contact:  |  |
| Address: |  |
| Tel: |  | Fax: |  |
| Email: |  |
| *A representative is taken to have authority to represent the party as the party’s agent, and to accept, on behalf of the party, service of documents related to the proceeding unless the contrary is established.* |

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| **Relief Sought** |
| *State the terms of the decision that you seek to have reviewed or are appealing and the grounds in support thereof.* |
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| Signature of Person Lodging the Form |
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| Signature: Date:  |

**LICENSING COURT OF SOUTH AUSTRALIA**

**Certificate of Service File No:**

Name of certifier:

Address of certifier:

Name of person/organisation served:

Address at which service effected:

Date service effected:

Time of day: Between ............ am/pm and .............. am/pm

Method of service (tick box)

□ personally to

□ leaving it at the licensed premises in an envelope addressed to the licensee with a person apparently employed or engaged in the business conducted under the licence

□ by posting it to the licensee in an envelope addressed to the licensee at the licensed premises or some other appropriate address of which the person who is to serve the notice or document has had notice

□ by leaving it at or posting it to a nominated address in an envelope addressed to the person

□ by posting it to the person’s usual place of business or residence in an envelope addressed to that person

□ by leaving it at or posting to the address of the person’s (not being the licensee) solicitor in an envelope.

□ any other method permitted by the relevant Act and the Rules – specify.

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I certify that I served the attached document in the manner described.

Certified this ................... day of ......................................... 20 ....