

COMPLAINT AND SUMMONS

Licensing Court of South Australia

Section 120 Liquor Licensing Act 1997

Court File number (Internal Use Only)

PARTIES (SUMMARY) DO NOT COMPLETE PART A

This section will <u>auto-populate</u> with details you provide in <u>Attachment 1 - Parties (Detail)</u> (enclosed at the end of this form) which <u>must</u> be completed prior to lodgement.

A. Parties Summary	
Name (Party type)	Contact's last name
Complainant	
Representative (if applicable)	
Respondent #1	
Responsible Person Approval number (if applicable):	
Respondent #2 (if applicable) Responsible Person Approval number (if applicable):	
Important notice to Respondent: This is a <u>Summons</u> to appear below . If you fail to appear on the day or on any day to which this may:-	_
 proceed in your absence; or adjourn the matter to another date. 	

HEARING Licensing Court of South Australia
DETAILS: 7th Floor Riverside Centre

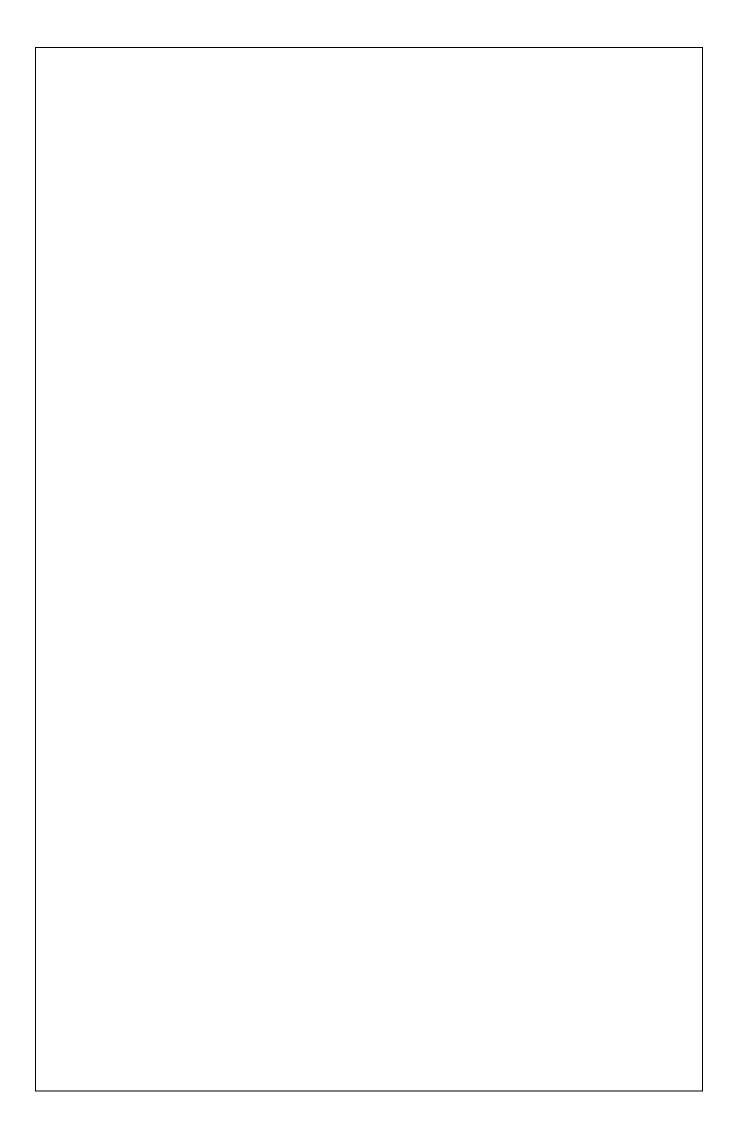
7th Floor, Riverside Centre North Terrace, Adelaide

On:

At: Clerk of the Licensing Court of SA

Tel: (08) 8177 3514 Email: licensingcourt@sa.gov.au

B. Grounds of Application Grounds upon which disciplinary action is sought: *Add additional pages if required



Complainant's signature	Date

ATTACHMENT 1 – PARTIES (details)		
A. Complainant		
Organisation name		
Contact details		
	ly name	
Job title		
Unit number Street number Street name / PO Box	Street type (eg Street, Road, Drive)	
Suburb	Postcode	
Phone Mobile Emai	I	
Complainant representative details (if applicable	le)	
Are you (the Complainant) represented?		
☐ Yes ☐ No – go to B Respondent(s)		
Representative contact details		
Organisation name		
Title Given name Fa	mily name	
Unit number Street number Street name / PO Box	Street type (eg Street, Road, Drive)	
Suburb	ate Postcode	
Phone Mobile En	nail	

B. Respondent(s)	
Respondent #1	
Respondent is the: ☐ Licensee	☐ Responsible Person ☐ Other
	Responsible Person approval number (if applicable)
Respondent is an:	
☐ Individual ☐ Organisation – specify	Organisation legal name
	Our aniestica tradina nama
	Organisation trading name
Contact details Title Given name	Family name
Job title	
Unit number Street number Street name / PC	Box Street type (eg Street, Road, Drive)
Suburb	State Postcode
Phone Mobile	
Respondent #2	
•	☐ Responsible Person ☐ Other
	Responsible Person approval number (if applicable)
Respondent is an:	
☐ Individual ☐ Organisation – specify	Organisation legal name
	Organisation trading name
Contact details Title Given name	Family name
Job title	
Unit number Street number Street name / PO E	Box Street type (eg Street, Road, Drive)
Suburb	State Postcode
Phone Mobile	Email

If there are more parties to this application than this form provides for, please complete, and submit an 'AL10 - Details of Additional Party' form for all other parties, available from www.licensingcourt.sa.gov.au.

C. Licensed Premises (if applicable):				
If this application relates to	a Licensed Premises, please complete the below information:			
	Licence description			
Licensed Premises				
Information:	Licence Number			
(if applicable)				
	Name of Licensed Premises			
	Address of Licensed Premises			

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:		
T: ()	Start time am/pm Finish time am/pm	
Time of day: Between:		
 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: 		
Signature I certify that I served the attached do	cument in the manner described.	