



**APPLICATION TO FREEHOLD A LICENCE**  
Pursuant to Section 24 & 25 of the Crown Land Management Act (2009)

<b>For Office Use Only</b>		AMOUNT DUE	<b>\$463.00</b>
APPLICATION NO.		DATE RECEIVED	/ /
RECEIPT NO.			

**GENERAL INFORMATION**

- This form is to be used for holders of a licence over Crown land who may be eligible to surrender their licence in order to purchase a title to the land. For further information refer to: [www.environment.sa.gov.au/topics/crown-land/crown-land-tenure/licences](http://www.environment.sa.gov.au/topics/crown-land/crown-land-tenure/licences)
- Please use 'BLOCK' letters if you are filling this form in by hand.
- This form must be signed personally by the applicant(s).
- For information about how to obtain land details see: <http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property>
- Payment - Please note application fees are not refundable. Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. You will be contacted by phone for credit card payments by MasterCard or Visa.

**LAND DETAILS (CROWN LAND)**

CROWN LANDS TENEMENT ID (PREFIX OL/RL/IL/NL/BL)		
SECTION/ALLOTMENT	PLAN	HUNDRED
TITLE REFERENCE <b>CR</b>	VOLUME NO.	FOLIO NO.

**PROPOSED TENANCY TYPE**

- Sole tenant
- Joint tenants
- Tenants in common
- With no survivorship (Trust)

**FIXTURES/IMPROVEMENTS**

Please list any fixtures or improvements currently on the land and value:

FIXTURES AND IMPROVEMENTS	VALUE

*If there is insufficient space above, please provide these details on an A4 page and attach to this form.*

## LOGGED ON BEHALF OF APPLICANT

Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

LEGAL/BUSINESS NAME (IF APPLICABLE)

PHONE

EMAIL

## APPLICANT DETAILS

 If there are further applicants please complete and submit Annexure A with this form.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

## ACKNOWLEDGEMENT

I/We accept liability for any amount owing to the Department for Environment and Water in respect to the subject land.

I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)

## LOGGEMENT INFORMATION

Please return the completed form to the Crown Lands Program Office:

GPO Box 1047

Adelaide SA 5001

Phone: (08) 8204 1218

[DEW.CrownLands@sa.gov.au](mailto:DEW.CrownLands@sa.gov.au)