



APPLICATION TO TRANSFER A LICENCE
Pursuant to Section 50 of the Crown Land Management Act (2009)

For Office Use Only					
APPLICATION NO. RECEIPT NO.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">AMOUNT DUE</td> <td style="text-align: right;">\$463.00</td> </tr> <tr> <td style="text-align: right;">DATE RECEIVED</td> <td style="text-align: center;">/ /</td> </tr> </table>	AMOUNT DUE	\$463.00	DATE RECEIVED	/ /
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GENERAL INFORMATION

1. This form is to be used to apply for the transfer of a Crown licence.
2. If the transfer of the licence is whole or stand alone refer to:
www.revenuesa.sa.gov.au/stampduty/stamp-duty-document-guide regarding stamp duty.
3. If you plan to develop the land, you should consider whether purchasing the land is more appropriate than obtaining a licence.
 NOTE: not available for waterfront licences.
4. Please use 'BLOCK' letters if you are filling this form in by hand.
5. This form must be signed personally by the applicant(s).
6. 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>
7. 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.

LICENSED LAND DETAILS (CROWN LAND)

CROWN LANDS LICENCE NUMBER (PREFIX OL/RL/IL/NL/BL)		
LICENCE PURPOSE(S)		
SECTION/ALLOTMENT	PLAN	HUNDRED
TITLE REFERENCE (PREFIX CR/CL/LEASE NO.)	VOLUME NO.	FOLIO NO.
If this licence is being transferred with land you are purchasing, please provide details of the land which this licence is associated with.		
TITLE REFERENCE (CT/CL/LEASE NO.)	VOLUME NO.	FOLIO NO.
If applicable, please state any consideration(s) in relation to the land:		

LODGED ON BEHALF OF APPLICANTS (IF APPLICABLE)

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 AND/OR MOBILE	EMAIL

APPLICANTS DETAILS

 If there are further applicants please complete Annexure A of this form.

TRANSFEROR (CURRENT LICENCE HOLDER)

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	

TRANSFeree (PROPOSED LICENCE HOLDER)

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

TRANSFEROR (CURRENT LICENCE HOLDER)

I/We hereby request that approval be given for the transfer in respect to the licence over the subject land.

SIGNATURE OF TRANSFEROR	DATE
TRANSFEROR NAME (PRINT)	

TRANSFeree (PROPOSED LICENCE HOLDER)

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

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

SIGNATURE OF TRANSFeree	DATE
TRANSFeree NAME (PRINT)	

LODGEMENT 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

If you have additional applicants please complete Annexure A below.

ANNEXURE A - ADDITIONAL APPLICANTS

APPLICANT 2 - TICK RELEVANT BOX	LANDOWNER	TRANSFeree	TRANSFEROR	MORTGAGEE/LESSEE	LESSOR
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		

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT				DATE	
APPLICANT NAME (PRINT)					

APPLICANT 3 - TICK RELEVANT BOX	LANDOWNER	TRANSFeree	TRANSFEROR	MORTGAGEE/LESSEE	LESSOR
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		

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT				DATE	
APPLICANT NAME (PRINT)					

APPLICANT 4 – TICK RELEVANT BOX

LANDOWNER

TRANSFEEE

TRANSFEROR

MORTGAGEE/LESSEE

LESSOR

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

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)