



TAX INVOICE

APPLICATION FOR A LICENCE TO KEEP DANGEROUS SUBSTANCES
Dangerous Substances Act 1979

APPLICATION TO SELL PETROLEUM PRODUCTS
Petroleum Products Regulation Act 1995

SafeWork SA

Enquiries 1300 365 255
Internet safework.sa.gov.au
Email licensing.safework@sa.gov.au
Post GPO Box 465, Adelaide SA 5001
ABN 50 560 588 327

Assistance with this form can be obtained from the Dangerous Substances/Petroleum Products Regulation Act Information sheet, available at www.safework.sa.gov.au

1. LICENCE TYPE

This application must be made by an individual, body corporate or public authority. Application for licence cannot be made in the name of a Trust, Partnership or Joint Venture.

Select one or two box:

- Licence to Keep Dangerous Substance as per the *Dangerous Substances Act 1979*
- Licence to Sell Petroleum Products as per the *Petroleum Products Regulation Act 1995*

IMPORTANT INFORMATION

Each application will be assessed (where relevant) on compliance with the requirements of AS 1940 -*The Storage and Handling of Flammable and Combustible Liquids*, AS/NZS 1596 -*The Storage and Handling of LP Gas*, the *Dangerous Substances Act 1979*, the *Dangerous Substance (General) Regulations 2017*

2. APPLICANT DETAILS

ABN (Australian Business Number)

ACN (Australian Company Number)

Registered Name of Body Corporate

Business Registration (trading) Name

Name of the individual or contact person for body corporate

Family Name

Given Name(s)

Title

Date of Birth

Registered business address for body corporate (if applicable)

Address Details

Postcode

Postal Address (if different from above)

Postcode

Telephone No. (work)

Mobile No.

Email Address

Nature of business or undertaking being carried out

3. SITE DETAILS

Address of the site from which the petroleum products will be stored and/or sold.

Address Details

Postcode

Telephone No.

Mobile No.

4. STORAGE DETAILS

Dangerous Substance Name	Class (2,3,6,8)	Qty kl or kg (Max capacity)	Packing Groups I, II, III	Stored in tanks, drums etc

5. SUPPORTING DOCUMENTATIONS

Detailed site plan must be attached (please tick box if attached)
 A detailed site plan showing buildings, fences, roads, ignition points, fire extinguishers, drainage bunding, signage and any other relevant information is attached.

6. INSTALLER DETAILS - CLASS 2 ONLY

Company Name		Contact Person	
<input type="text"/>		<input type="text"/>	
Telephone No.	Mobile No.	Facsimile No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

7. LICENCE TO SELL MOTOR SPIRIT AND LUBRICANTS (NO FEE REQUIRED)

Do you require a licence under Section 17 of the Shop Trading Hours Act, 1977 to sell motor spirit and lubricants?

Yes No

I/ we hereby make application for a licence to sell motor spirit and lubricants for motor vehicles and permitted goods, pursuant to Section 17 of the Shop Trading Hours Act, 1977, and declare that I/ we will fully observe all the conditions which may be imposed upon me/us under this section, and that I am /we are aware that such licence may be cancelled at any time by the Minister under the provisions of the said Section.

Please tick box to acknowledge you have read and agreed to the above statement

8. DECLARATION

I
 Name of Applicant

of
 Address of Applicant

Declare that the above details are true and correct

<input type="text"/>	<input type="text"/>
Signature of Public Officer/Secretary/Proprietor or Authorised Person	Date

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9. PAYMENT OPTIONS

Applicant Name

KEEP APPLICATION FEE: Please refer to the detailed Application Fees document at safework.sa.gov.au

SELL APPLICATION FEE DUE: \$282.00 (Fee current to 30 June 2022)

This fee is exempt from GST

APPLY BY EMAIL:

Accepted payment type

1 - VISA or MasterCard

(provide cardholder information below)

NOTE: Once your application has been assessed, SafeWork SA will contact you for payment.

Send all documents to

licensing.safework@sa.gov.au

(Total file size must be less than 20MB)

APPLY BY POST:

Accepted payment types

1 - VISA or MasterCard

(provide cardholder information below)

2 - Cheque or money order

(made out to SafeWork SA)

Send all documents to

SafeWork SA

Licensing Unit

GPO Box 465

ADELAIDE SA 5001

CARDHOLDER INFORMATION

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment
(if different to Card Holder name)

Contact telephone number

Date

Postal or email address for payer (receipts will be sent to this address)

I authorise SafeWork SA to deduct the amount of \$

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.