

## **APPLICATION TO FREEHOLD A LICENCE**

Pursuant to Section 24 & 25 of the Crown Land Management Act (2009)

APPLICATION NO.  RECEIPT NO.  AMOUNT DUE \$495.00  DATE RECEIVED / /	For Office Use Only			\$495.00
DESCRIPTION		AMOUNT DUE		\$495.00
RECEIPT NO. DATE RECEIVED / /	APPLICATION NO.			
	RECEIPT NO.	DATE RECEIVED	/	/

## **GENERAL INFORMATION**

- 1. 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
- 2. Please use 'BLOCK' letters if you are filling this form in by hand.
- 3. This form must be signed personally by the applicant(s).
- 4. 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
- 5. 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 CR	VOLUME NO.	FOLIO NO.			
PROPOSED TENANCY TYPE					
Sole tenant					
Joint tenants					
Tenants in common	Tenants in common				
With no survivorship (Trust)					
FIXTURES/IMPROVEMENTS	FIXTURES/IMPROVEMENTS				
Please list any fixtures or improvements currently on the land and value:					
FIXTURES AND IMPROVEMENT	rs	VALUE			

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

## LODGED 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) LODGEMENT INFORMATION Please return the completed form to the Crown Lands Program Office:

GPO Box 1047 Adelaide SA 5001 Phone: (08) 8429 7680

DEW.CrownLands@sa.gov.au