

Authorised Betting Operations Act 2000

Application for Approval of Person: Close Associate of a Licensed Racing Club or Industry Controlling Body

How to lodge this form

Electronically Email documents to: liquorandgaming@sa.gov.au	Post Licensing and Registration GPO Box 2169 ADELAIDE SA 5001	In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	More information www.cbs.sa.gov.au Ph: 08 8226 8655
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Person authorised to act on behalf of the racing club / industry controlling authority

Contact name _____ Position: _____
 Daytime phone _____ Email _____
 Signature _____ Date _____

Racing club / Industry controlling authority

- Harness Racing South Australia
 Thoroughbred Racing South Australia
 Greyhound Racing South Australia
 South Australian Jockey Club
 South Australian Harness Racing Club

Proposed close associate

Family name _____ Other names _____

Please note:

- A Personal Information Declaration (PID) form is to be completed by the proposed close associate.
- No fee required