

# Application for Redefinition and/or Variation To Layout (Gaming)

*Office use only*

Date .....

Receipt No .....

Amount ..... Initials .....

Customer Service Centre  
 Visit us: 91 Grenfell Street, ADELAIDE SA 5000  
 Mail to: GPO Box 2169, ADELAIDE SA 5001  
 Ph: 08 8226 8655  
 Email: applications@agd.sa.gov.au  
 Web: www.cbs.sa.gov.au

For assistance with this application, please contact the Customer Service Centre

Type of application  Redefinition  Variation to gaming layout

Name of current licensee .....

.....

Contact details for enquires .....

.....

Telephone numbers Work ..... Home .....

Fax ..... Mobile .....

Email .....

Premises business (trading) name .....

Licence number **5** .....

Address of premises .....

..... Postcode .....

Daytime telephone No ..... Fax .....

Postal address (where information will be sent)  
**If this is the same as the premises address please write 'as above'** .....

..... Postcode .....

Plans One plan of the gaming room(s) (to a scale of 1:50) must accompany this application, showing the layout of the gaming machines.

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Details of the application .....

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**Note:**

If this application affects the liquor area, then an 'application for extension of trading area/redefinition/alteration (liquor)' form must also be lodged.

Applicant's signature: ----- Date -----