

Application for Approval Of A Person In A Position Of Authority for a Gaming Machine Dealers Licence

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.auWeb: www.cbs.sa.gov.au*Office use only*

Date

Receipt No

Amount Initials

Please note that your responses will be checked by law enforcement agencies. If it is found that you have failed to disclose information required, or have provided false or misleading information in your application, you may be subject to criminal prosecution, disciplinary action and/or licence cancellation.

1. Name of licensed dealer

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2. Contact details for enquiries (licensee)

Name:	
Phone:	Mobile:
Fax:	Email:

3. Licence number (if an existing licence)

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4. Address of licensee

No:	Street:	
Suburb/Town:	Postcode:	
Phone No:	mobile	Fax:

5. Postal address (where information will be sent)

If this is the same as the address of licensee please write 'as above'

No:	Street:
Suburb/Town:	Postcode:

Details of person seeking approval

6. Name of person seeking approval

Surname:
Given Name(s):

7. Date of birth:

____/____/____

Female

Male

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8. Has the person previously been approved under the Liquor Licensing Act, Gaming Machines Act, or the Casino Act?
(Please tick one)

No (Please complete a Personal Information Declaration form and (go to question 10)	Yes (Go to question 9)
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9. Status of approval
(If not sure of approval status, please call (08) 8226 8474)

Current under the appropriate Act (Go to question 10) Less than six months since last approval ceased (Please complete question 10 & 11 and the Declaration overleaf) Over six months since last approval ceased (Please complete the Personal Information Declaration form and go to question 10)
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10. Signature of person to be approved:

Date: / /

11. Signature of licensee or representative of licensee company:

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Date: / /

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Declaration

(This section is to be completed by the person seeking approval)

Note: Only complete this section if you were asked to complete a declaration in question 9.

12. Full name

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13. Address

No:	Street:
Suburb/Town:	Postcode:
Phone No:	

14. Date of Birth ____ / ____ / ____ Female Male

15. ID Number

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16. This person was previously approved by the Liquor and Gambling Commissioner under:
(Please tick one or more)
Liquor Licensing Act, 1997
Gaming Machines Act, 1992
Casino Act, 1992

17. **The approval was based on a Personal Information Declaration completed and signed by me prior to the date of approval. I declare that since making that declaration and obtaining approval:**
I have not been charged or reported for any offence (criminal, traffic, firearms, liquor, gaming and casino offences but not Young Offenders Act). There are no disciplinary proceedings pending in any court, tribunal, board or other authority. There has been no change to my circumstances as detailed in that declaration.
NOTE: *If a change has occurred, eg change of marital status, name change, bankruptcy, offences, this form can not be used and a new Personal Information Declaration form will be required.*

Signature of person to be approved:

Date: / /

Full name of witness:

Address of witness

No:	Street:
Suburb/Town:	Postcode:
Phone No:	

Signed by Witness:

Date: / /