



Gaming Machines Act 1992

Gaming Machine Licence Application

Consumer and Business Services Use Only		
Receipt No: _____	Amount: _____	Initials: _____
Date: _____	App No: _____	

In Person at:
Consumer and Business Services
91 Grenfell Street
Adelaide SA 5000

By Mail at:
Consumer and Business Services
Customer Service Centre
GPO Box 2169
Adelaide SA 5001

By Email at:
applications@agd.sa.gov.au

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.

Part A – Applicant Details

1. Type of Applicant(s)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company/Companies
2. Name of Current Licensee or Applicant for the Licence (Please provide ACN if applicant is a company)			
3. Contact Details for Enquiries Relating to this Application	Full Name _____ Daytime Telephone Number _____ Mobile _____ Fax _____ Email _____		

Part B – Licensed Premises Details

4. Premises Name/Proposed Premises Name			
5. Licence number (If an existing licence)	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>
6. Premises Address	Street Number _____ Street _____ Suburb/town _____ Postcode _____ Daytime telephone number _____		
7. Address for Service of Notices <i>(Where information, such as the Licence, Future Correspondence and Annual Liquor Licensing Fee Invoices will be sent)</i>	Street/PO Box number _____ Suburb/town _____ Postcode _____ Email _____		

Part C – Gaming Hours and Number of Machines

Note: Gaming trading hours must fall within the hours permitted under the liquor licence and can be less than those authorised under the liquor licence. There must be a six hour break in each 24 hour period and there can not be a continuous period of operation exceeding 18 hours. Gaming Machines cannot be operated for the 24 hour period of Christmas Day or Good Friday.

8. Gaming Trading Hours		
Monday	From	to
Tuesday	From	to
Wednesday	From	to
Thursday	From	to
Friday	From	to
Saturday	From	to
Sunday	From	to
Public holidays	From	to
Other (please specify)		

9. Approval sought to possess and operate how many gaming machines?	
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Part D – Additional Information

10. 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. (refer 'Submitting a Plan - Lodgement Guide')
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11. Do you hold a Responsible Gambling Agreement with a recognised industry body?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please provide a copy)
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12. On Appendix A, list the persons requiring approval in any of the following categories:	<ul style="list-style-type: none"> • Licensee • Director • Committee Member • Shareholder • Adult Trust Beneficiary
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Part E – Applicant’s Signature

Indemnity

I hereby indemnify the Liquor and Gambling Commissioner against the costs (which will be charged at the current rate per person) of investigating each natural person being a person who is:

- a) The applicant or one of the applicants; or
- b) The person or one of the persons to whom the application relates; or
- c) In the case of an application made by or relating to a body corporate - a person who occupies a position of authority in the body corporate.

Applicant’s Signature	_____ Date / /
Print Name	
Position/Title	

Appendix A – Persons to be Approved

Please photocopy if there is not enough space

Person 1

1a Surname			
Given Name(s)			
1b Date of Birth	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>
1c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> <i>Licensee</i>	<input type="checkbox"/> <i>Committee Member</i>	<input type="checkbox"/> <i>Adult Trust Beneficiary</i>
	<input type="checkbox"/> <i>Director</i>		
	<input type="checkbox"/> <i>Shareholder</i>		
1d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
1e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
1f Contact Details	Phone: _____ Email: _____		

Appendix A cont.– Transfer Licence Application

Please photocopy if there is not enough space

Person 2

2a Surname			
Given Name(s)			
2b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Committee Member	
	<input type="checkbox"/> Director	<input type="checkbox"/> Adult Trust Beneficiary	
	<input type="checkbox"/> Shareholder		
2d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
2e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
2f Contact Details	Phone: _____ Email: _____		

Appendix A cont. – Transfer Licence Application

Please photocopy if there is not enough space

Person 3

3a Surname			
Given Name(s)			
3b Date of Birth	/ /	<input type="checkbox"/> Female	<input type="checkbox"/> Male
3c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> Licensee	<input type="checkbox"/> Committee Member	<input type="checkbox"/> Adult Trust Beneficiary
	<input type="checkbox"/> Director		
	<input type="checkbox"/> Shareholder		
3d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
3e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
3f Contact Details	Phone: _____ Email: _____		

Appendix A cont. – Transfer Licence Application

Please photocopy if there is not enough space

Person 4

4a Surname			
Given Name(s)			
4b Date of Birth	/ /	<input type="checkbox"/> <i>Female</i>	<input type="checkbox"/> <i>Male</i>
4c Category of approval	Tick one or more boxes		
	<input type="checkbox"/> <i>Licensee</i>	<input type="checkbox"/> <i>Committee Member</i>	<input type="checkbox"/> <i>Adult Trust Beneficiary</i>
	<input type="checkbox"/> <i>Director</i>		
	<input type="checkbox"/> <i>Shareholder</i>		
4d Previous Approval	Is this person currently approved ?	<input type="checkbox"/> Yes ID No: _____	<input type="checkbox"/> No (Note: A completed PID is required if the person has never been approved or had a previous approval that ceased more than 6 months ago)
4e Current Residential Address	Street Number _____ Street Name _____ Suburb / town: _____ Postcode: _____		
4f Contact Details	Phone: _____ Email: _____		