

Personal information declaration (PID)

Strictly confidential

Please answer all questions or processing of your application may be delayed. If you have any questions email Consumer and Business Services at liquorandgaming@sa.gov.au.

If the PID relates to gaming, fingerprints will need to be taken. You will receive a letter from SAPOL notifying you of an appointment time. Lodge this PID with any supporting documents:

in person at:

Consumer and Business Services
Customer Service Centre
91 Grenfell Street
Adelaide SA 5000

by mail to:

Consumer and Business Services
Customer Service Centre
GPO Box 2169
Adelaide SA 5001

Consumer and Business Services Use Only

App number:

PID number:

ID no:

Hearing date:

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.

Police use only

Records show No offences Offences As stated Not stated
Intervention Yes No

For Commissioner of Police

ID:

Date: / /

Part A - About the licensed premises

1. Licence number								
2. Premises (trading) name								
3. Name of licensee								
3. Address of premises	Address:							
	Suburb/Town:				Postcode:			

Part B - Person to be approved

4. Persons details	Given name:		Middle name:	
	Family name:			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth: / /	
5. Residential address	Address:			
	Suburb/Town:		Postcode:	
6. Contact details	Telephone:		Mobile:	
	Email:			
	Postal address (if different from residential):			
	Suburb/Town:		Postcode:	
7. Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other country: <input type="text"/>			

<p>8. Do you currently live in Australia?</p> <p><i>*You must provide a national police certificate from the country you live in - no more than 12 months old from the application date.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (<i>*see side note then go to question 10</i>)</p>
<p>9. Have you lived in Australia for less than 2 years from the date of this application?</p> <p><i>*You must provide a copy of your passport and a national police certificate from all countries you have lived in the last 2 years (excluding Australia). The national police clearance certificate must be translated in English. Passport does not need to be provided if you were born in Australia.</i></p>	<p><input type="checkbox"/> Yes (<i>*see side note</i>)</p> <p><input type="checkbox"/> No</p>
<p>10. Have you been known by any other names (e.g. maiden name, legal change of name or other alias names)?</p>	<p><input type="checkbox"/> No</p>
	<p><input type="checkbox"/> Yes</p> <p>Alias: Reason for change:</p> <hr/> <p>Alias: Reason for change:</p>
<p>11. Have you previously applied for or been granted approval under the liquor licensing, gaming, wagering or casino legislation in SA or elsewhere?</p>	<p><input type="checkbox"/> No</p>
	<p><input type="checkbox"/> Yes</p> <p>State: From: To:</p> <p>Details of application/approval:</p>
<p>12. Have you ever been declared bankrupt OR entered into a formal scheme of arrangement with creditors (including any Part 10 Agreement) OR had a judgment entered against you in a court?</p>	<p><input type="checkbox"/> No</p>
	<p><input type="checkbox"/> Yes, please attach particulars including:</p> <ul style="list-style-type: none"> • discharge details; • any agreed payment plans; • copy of Scheme of Arrangement; or • Court judgment documents

Part C - Information required by South Australian Police

13. Address history – Failure to declare information is an offence
Have you lived at any other address, excluding your current residential address, in the last 10 years?

No

Yes - Please provide address details. Interstate and overseas addresses **must** be included.

Year	Address	Country (if not Australia)

14. Offence history (If you need more room please use the space allocated at question 16)

Please note: SA Police will not release criminal history information over the phone.

If you are unsure of your history you should seek a National Police Clearance Certificate from SA Police and attach it to this document.

Have you ever been arrested or reported for any offence in any jurisdiction, which was proven (in any State or Territory in Australia or another country), whether or not a conviction was recorded?

No Yes - Provide details below

State or country	Details of offence

Have you ever been issued with any type of expiation notice (e.g. 'on the spot speeding fine') in any State or Territory in Australia or another country?

No Yes - Provide details below

State or country	Details of offence

Have you ever been charged or reported for any offence which has not yet been before court or is currently before court?

No Yes - Provide details below

State or country	Details of offence

Have you ever been disciplined, fined or disqualified by any tribunal, board or other authority?

No Yes - Provide details below

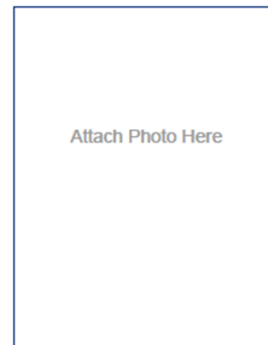
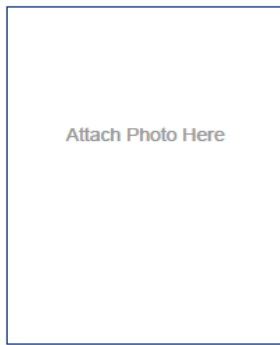
State or country	Details of offence

Have you any disciplinary proceedings pending against you?

No Yes - Provide details below

State or country	Details of offence

17. Attach two identical passport sized colour photographs of yourself. Photographs must be no more than six months old. The back of both photos must be signed by the person who witnesses this declaration.



Part D - Authority and declaration (sign in the presence of the witness)

I certify that the information in this Personal Information Declaration (including any attachments) is true, correct and complete to the best of my knowledge and belief.

I certify that I have made all reasonable enquiries to obtain the information required for any details noted as 'unknown'.

I certify that I am the person shown in the photographs attached to this Personal Information Declaration.

I consent to:

- the Liquor and Gambling Commissioner (or delegated officer) undertaking any necessary investigations or enquiries with State, Federal or International police authorities, or any other relevant agency, in determining this application, including enquiries in relation to any convictions imposed on me that are spent or rehabilitated (however described) under State, Territory or Federal Legislation; and
- such information being provided to the Liquor and Gambling Commissioner (or delegated officer) by State, Federal or International police authorities, or any other relevant agency.

I agree should there be any doubt as to my identity, to voluntarily submit to a set of fingerprints suitable for the requirements of fingerprint experts or analysis by South Australia Police.

I authorise the Liquor and Gambling Commissioner (or delegated officer) to make any enquiries into my financial or other background and activities.

I hereby, in consideration of the release of the information, release and discharge and agree to indemnify and hold harmless the State of South Australia, Consumer and Business Services, each of the Australian State/Federal/Territory Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, suits, proceedings, costs and damages whatsoever arising out of or in any way connected with the release or use of the information.

I acknowledge that this declaration is to be used by the Liquor and Gambling Commissioner (or delegated officer) and South Australia Police to determine my suitability for approval and that if it contains material which I know to be false or misleading, I may be guilty of an offence under the Liquor Licensing Act 1997, Gaming Machines Act 1992, Casino Act 1997 and/or section 140 (dishonest dealings with documents) of the Criminal Law Consolidation Act 1935.

Full name of person seeking approval

Signature of person seeking approval

Date:

Witness details

*Witness to be the licensee, authorised representative or persons over the age of 18 years

I certify that I have witnessed the person (named above) read and sign the Part D declaration.

Full name of witness

Signature of witness

Date:

Residential address of witness

Number: Street:

Suburb:

Postcode:

Relationship to person seeking approval (eg licensee, director, colleague, spouse)