

Application to Transfer Gaming Machine Entitlements to a Non-profit Association or Club One

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

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.

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

1. **Name of current licensee**

2. **Contact details for enquiries**

Name:	
Phone:	Mobile:
Fax:	Email:

3. **Premises business (trading) name**

4. **Licence number (if an existing licence)**

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5. **Address of premises**

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

6. **Postal address (where information will be sent)**

No:	Street:
Suburb/Town:	Postcode:

7. **Number of entitlements currently held**

8. **How many entitlements are to be transferred?**

9. **Entitlements are being transferred to:**

Another Non-profit association

Club One (go to question 14)

(go to question 10)

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Questions 10. to 13. only to be completed where entitlements are to be transferred to another non-profit association

Details of Non-Profit Association where entitlements are to be transferred

10. Premises name

11. Licence number

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12. Address of above premises

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

13. Number of Approved Machines authorised at this premises

To be completed by all applicants

14. Details of transfer arrangement

15. Additional Attachments

This application must be accompanied by the following:

- Copy of Committee/Board meeting minutes or resolution approving the decision to transfer entitlements for both the transferor and transferee.
- Copy of the transfer agreement.

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

Position/title: -----