

Casino Act 1997

# Casino Application for Approval

## Where to lodge this form

<b>Electronically</b> Scan and email all documents to: <a href="mailto:casapps@sa.gov.au">casapps@sa.gov.au</a>	<b>Post</b> Licensing and Registration GPO Box 2169 ADELAIDE SA 5001	<b>In person</b> Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	<b>More information</b> <a href="http://www.cbs.sa.gov.au">www.cbs.sa.gov.au</a> Ph: 08 8226 8655
---	---	---	---

## Casino Licensee Details

Licensee	<b>SKY CITY ADELAIDE PTY LTD</b>	Licence Number	<b>53000017</b>
Address	<b>NORTH TERRACE ADELAIDE 5000</b>		
Contact Name	_____		
Daytime phone	_____	Email	_____

## Application Type (tick one only)

- |  |   |
|--|---|
| <input type="checkbox"/> AG Approval of a game (gaming machine)              | <input type="checkbox"/> C5 Floor Plan (Table Games)                                    |
| <input type="checkbox"/> AM Approval of a gaming machine                     | <input type="checkbox"/> C6 Floor Plan (Gaming Machines)                                |
| <input type="checkbox"/> C1 New Game Authorisation                           | <input type="checkbox"/> C7 Floor Plan (Surveillance & Security)                        |
| <input type="checkbox"/> C2 Rules of Authorised Game                         | <input type="checkbox"/> C8 Installation and use of equipment (Gambling)                |
| <input type="checkbox"/> C3 Surveillance and Security systems and procedures | <input type="checkbox"/> C9 Installation and use of equipment (Surveillance & Security) |
| <input type="checkbox"/> C4 Casino Control Standards                         | <input type="checkbox"/> ER Removal of equipment (gambling/security/surveillance)       |

**Application Description** (if insufficient space, please attach description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Documentation for this application attached

## Declaration

I authorise the Liquor and Gambling Commissioner to release any details and specifications relating to this application to any party for the purpose of evaluation. I indemnify the Liquor and Gambling Commissioner against the costs and expenses, certified by the Commissioner, incurred in carrying out investigations for the purpose of determining whether or not this application should be granted. I declare that the contents of and the information provided with this application are true, correct, complete and comply with all requirements specified under the Act and Regulations.

## Authorised Signatory

_____	_____
(full name of applicant/authorised person)	(office held)
<b>Signature</b> _____	<b>Date</b> _____

