

# Approval of a Person

## Liquor, Gaming & Wagering

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

Information for applicants

**A completed Personal Information Declaration (PID) is also required if:** the person has not previously been approved by the Liquor and Gambling Commissioner; or if they have a previous approval that ceased more than six months ago; or if their circumstances have changed since they last lodged a completed PID.

For assistance with completing this application form please contact CBS by phone on 8226 8655 or by email at [applications@agd.sa.gov.au](mailto:applications@agd.sa.gov.au). Further information is also available from the CBS website at [www.cbs.sa.gov.au](http://www.cbs.sa.gov.au)

**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

**By Email at:**  
[applications@agd.sa.gov.au](mailto:applications@agd.sa.gov.au)

### Part A – Category of Approval Sought

- |   |  |
|---|--|
| <input type="checkbox"/> Responsible Person | <input type="checkbox"/> Gaming Technician |
| <input type="checkbox"/> Committee Member   | <input type="checkbox"/> Book Maker        |
|   | <input type="checkbox"/> Agent             |

### Part B – Licensed Premises Details

<b>1. Premises (Trading) Name</b>	_____								
<b>2. Licence Number</b>	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 30px; height: 30px;">5</td> <td style="width: 30px; height: 30px;"> </td> <td style="width: 30px; height: 30px;"> </td> <td style="width: 30px; height: 30px;"> </td> <td style="width: 30px; height: 30px;"> </td> <td style="width: 30px; height: 30px;"> </td> <td style="width: 30px; height: 30px;"> </td> <td style="width: 30px; height: 30px;"> </td> </tr> </table>	5							
5									
<b>3. Postal Address</b>	Address _____ Suburb/Town _____ Postcode _____								
<b>4. Contact details for Enquiries Relating to this Application</b> <small>(Must be Licensee or Authorised Representative)</small>	Full Name _____ Telephone _____ Mobile _____ Email _____								

### Part C – Person to be Approved

<b>5. Personal Details</b>	Surname _____ First Name _____ Middle Name/s _____ <input type="checkbox"/> Male <input type="checkbox"/> Female    Date of Birth    /    /
----------------------------	--



<b>6. Have you previously been approved by the Liquor and Gambling Commissioner?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    ID Number _____
--	---

<b>7. Current Residential Address</b>	Street Number _____ Street _____ Suburb/Town _____ Postcode _____
---------------------------------------	--

<b>8. Contact Details</b>	Telephone _____ Email _____
---------------------------	-----------------------------

**Part D – Licensee Signature**

<b>9. Licensee Signature (or Authorised Representative)</b>	_____ Date / /
---	----------------

**Part E – Declaration for Approval as sought above (if PID is not required)**

**My current/previous approval (which does not have a lapsed date of greater than six months), 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**

<b>10. I have</b> been charged 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	<input type="checkbox"/> No <input type="checkbox"/> Yes
--	--

<b>11. There are</b> disciplinary proceedings against me pending in any court, tribunal or other authority	<input type="checkbox"/> No <input type="checkbox"/> Yes
--	--

<b>12. There has been</b> a change in my circumstances as detailed in that declaration	<input type="checkbox"/> No <input type="checkbox"/> Yes    A completed Personal Information Declaration (PID) is also required
--	---

<b>Signature of person seeking approval</b> _____ <b>Date</b> / /
---

<b>13. Witness</b> (Licensee or Authorised Representative)	Surname _____ First Name _____ Street Number _____ Street _____ Suburb/Town _____ Postcode _____
---	---

<b>Signature of witness</b> _____ <b>Date</b> / /
---