

# Application for an Instant Lottery Licence

Lottery and Gaming Regulations 2008

Customer Service Centre  
 Visit us: 91 Grenfell Street, ADELAIDE SA 5000  
 Mail to: GPO Box 2169, ADELAIDE SA 5001  
 Ph: 08 8226 8655  
 Email: lotterylicensing@sa.gov.au  
 Web: www.cbs.sa.gov.au

Application fee: please refer to the website: Lottery\_Licence\_fees.pdf

**Office use only**

Date received	_____	Fee paid	\$ _____	Receipt No	_____
Application No	_____	Licence No	A _____	Expiry date	_____
Assessor	_____	Granted by	_____		

**Section 1** PRINT IN **BLOCK** LETTERS

Name of association \_\_\_\_\_

Postal address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact/applicant name \_\_\_\_\_

ABN \_\_\_\_\_

Telephone numbers

Work \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Licence to be sent via:  Post  Email  Fax  
 (tick (✓) one only)

**Section 2** The purpose(s) for which the funds raised are to be applied (see fact sheet)

\_\_\_\_\_

\_\_\_\_\_

**Section 3**

Is this the association's first application for a lottery licence?  Yes  No

If this is the association's first application for a lottery licence, the following must accompany this application

- A copy of the association's constitution
- The names and addresses of the management committee
- Current list of the financial members of the association.

# Application for an Instant Lottery Licence

## Section 4

Details of the auditor appointed to audit the accounts of the lottery

Auditor

Name \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone numbers

Work \_\_\_\_\_

Home \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Qualifications of auditor  
(tick (✓) which applies)

- Australian Society of Certified Practising Accountants  
 Institute of Chartered Accountants in Australia  
 National Institute of Accountants

## Section 5

President

Name \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone numbers

Work \_\_\_\_\_

Home \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Secretary

Name \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone numbers

Work \_\_\_\_\_

Home \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Treasurer

Name \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone numbers

Work \_\_\_\_\_

Home \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

## Declaration

PRINT IN **BLOCK** LETTERS

I declare that I am authorised to make this application and the contents of and information provided with are true and correct. I am aware that it is an offence against the *Lottery and Gaming Act 1936* for a person involved (as principal, agent or employee) in the conduct of any lottery to act in a dishonest, deceptive or misleading manner in connection with the lottery.

Name \_\_\_\_\_

Office held \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CREDIT CARD PAYMENT AUTHORISATION

## Payment can be made:

### In person

Customer Service Centre  
91 Grenfell Street  
ADELAIDE SA 5000

### Post

Customer Service Centre  
GPO Box 2169  
ADELAIDE SA 5001

### Electronically

Scan and email all with  
your application/renewal

### More information

[www.cbs.sa.gov.au](http://www.cbs.sa.gov.au)

Ph: 08 8226 8555

Payment can be made by in person by cash, EFTPOS or credit card, or you can post in a cheque/money order (made payable to Consumer and Business Services) or complete this authorization.

Please ensure that this credit card authorization is securely attached to your application or renewal form.

## Credit Card Payments

I hereby authorise the Commissioner for Consumer Affairs to debit my **Visa** or **MasterCard**

for the amount of \$\_\_\_\_\_.

For the purpose of

- Application for a licence
- Renewal of a licence
- Other (please specify) \_\_\_\_\_

**Name** \_\_\_\_\_ (as it appears on the card)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone** \_\_\_\_\_

## Credit card number

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**Expiry date**

↑ ↑ ↑ ↑ ↑ ↑


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**CVV Number**