

Application for an Instant Lottery Ticket Supplier's 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@agd.sa.gov.au
 Web: www.cbs.sa.gov.au

Office use only			
Date received	_____	Fee paid	_____ Receipt No _____
Application No	_____	Licence No	P _____ Expiry date _____
Assessor	_____	Granted by	_____

Application fee: please refer to the website: Lottery_Licence_fees.pdf

Please complete all sections:

Section 1 PRINT IN **BLOCK** LETTERS

Name of applicant _____

Name of business _____

Address of business _____

Nature of applicant's principal business _____

Postal address _____

Postcode _____

ABN _____

Telephone numbers Work _____ Home _____

Fax _____ Mobile _____

Email _____

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

Name and address of each partner, director, manager or other person controlling the management of the business supplying the tickets under the licence.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Application for an Instant Lottery Ticket Supplier's Licence

Section 2 *Within the last ten years, has the applicant*

Been licensed or registered in any other Australian State or Territory to supply instant lottery tickets? **Yes** **No**

If yes, give details: _____

Been refused the right or restricted in the right to carry on a trade, business or profession for which some form of registration, licence or other authority is required by law *(whether in this State or another Australian State or Territory)*? **Yes** **No**

If yes, give details: _____

Been convicted *(in this State or jurisdiction)* of an offence other than traffic or parking offences? **Yes** **No**

If yes, give details: _____

Carried on business *(in this State or jurisdiction)* under any name other than the name or names shown on this application? **Yes** **No**

If yes, give details: _____

Had judgement given against the applicant *(in this State or jurisdiction)* in civil proceedings in which fraud, misrepresentation or dishonesty was an element? **Yes** **No**

If yes, give details: _____

Been wound up, placed in receivership, declared bankrupt, compounded with creditors or been the subject of similar proceedings *(in this State or jurisdiction)* arising out of an inability to pay debts? **Yes** **No**

If yes, give details: _____

Had any experience in the supply of instant lottery tickets? **Yes** **No**

If yes, give details: _____

Application for an Instant Lottery Ticket Supplier's Licence

Section 3

Details of classes of instant lottery tickets to be supplied pursuant to the licence (*samples of each must be provided*)

Note: Please ensure this application is accompanied with

- A letter from the applicant's ADI* manager certifying as to the applicant's banking record and history with the ADI

* *Authorised Deposit-taking Institution*

Declaration PRINT IN BLOCK LETTERS

I declare that I am authorised to make this application and the contents of and the information provided with this application 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 the lottery to act in a dishonest, deceptive or misleading manner in connection with the

Name of applicant	<hr/>		
Address	<hr/>		
	<hr/>	Postcode	<hr/>
Office held by applicant	<hr/>		
Signature	<hr/>	Date	<hr/>

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

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

--	--	--	--

--	--

--	--	--	--

--	--	--	--

/

--	--	--	--	--	--

Expiry date

--	--	--

CVV Number