**APPROVAL OF PREMISES APPLICATION FORM**

GAMING AND WAGERING COMMISSION ACT 1987

Section 55

Please print neatly in **BLOCK LETTERS** with a *black* pen only

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| APPROVED PREMISES Is the premises currently approved for gaming? Yes No  If **YES** state certificate no: Expiry  **ANY PERSON APPLYING FOR A BINGO, TWO-UP OR GAMING FUNCTION PERMIT MUST HAVE THE CONSENT FROM YOU THE OWNER/LESSEE FOR THE CONDUCT OF GAMING ON THE PREMISES.**  Is the premises licensed under the Liquor Control Act 1988? Yes  No  If **YES** liquor licence number: |

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| OWNER/LESSEE DETAILS (Premises Certificate Holder) I Date of Birth: / /  (Title & Full Name – BLOCK Letters)  of Postcode:  (Postal Address)  Email:  Hereby consent to have the premises named below to be approved for the conduct of:  **BINGO**   **TWO-UP**  **GAMING**  (Two-up can only be conducted outside a 100km radius of Crown Casino)  ***To be conducted in (Please name the specific area where the gaming activity is to take place, eg Main Hall, Dining Room, Lounge Area, etc)***  Phone: Daytime A/Hrs Mobile  Signature Date |

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| **PREMISES DETAILS**  **Owner Name Telephone**    (Full Name of **Premises**–BLOCK Letters)  Postcode:  (Full Address of Premises) |

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| PERIOD OF CERTIFICATION Date of **single** function / / 20 **OR**  For the period of / / 20 to / /20  ***(Not to exceed 5 years)*** |

**PAYMENT DETAILS -** An invoice with detailed payment options will be provided once the application has been received.

**CERTIFICATION OF LOCAL GOVERNMENT AUTHORITY**

This section is to be completed by the appropriate Local Government Authority for the area in which the premises is situated.

The part of the premises which are subject to this application conforms with the Health (Miscellaneous Provisions) Act 1911 and the use of the premises for Gaming activities does not contravene Town Planning matters.

SIGNED:

TITLE & FULL NAME:

POSITION:

LOCAL GOVERNMENT AUTHORITY:

DATE: