

Application for a Supplier of Lottery Products Licence

Lotteries Regulations 2021

Customer Service Centre
Visit us: 95 Grenfell Street, ADELAIDE SA 5000
Mail to: GPO Box 1719, ADELAIDE SA 5001
Ph: 131 882 (option 6)
Email: lotterylicensing@sa.gov.au
Web: www.cbs.sa.gov.au

<i>Office use only</i>		
Date received	Fee paid	Receipt No
Application No	Licence No	Expiry date
Assessor	Granted by	

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 *(circle one only)* Post Email Fax

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

_____	_____
_____	_____
_____	_____
_____	_____



Application for a Supplier of Lottery Products Licence

Section 2 Within the last ten years, has the applicant

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

If yes, give details: _____

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Section 3

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

Please note that pursuant to section 23 of the *Lotteries Regulations 2021*, an application for the grant of a supplier of lottery products licence must be accompanied by such documents and information as the Commissioner requires.

Should any additional information be necessary to assess your application, Consumer and Business Services will contact you directly.

Declaration PRINT IN BLOCK LETTERS

I declare that I am authorised to make this application and that the contents of and information provided with this application are true and correct. I am aware that it is an offence against *the Lotteries Act 2019* 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 lottery.

Name of applicant	_____
Address	_____
	_____ Postcode _____
Office held by applicant	_____
Signature	_____ Date _____

CREDIT CARD PAYMENT AUTHORISATION

Payment can be made:

In person

Customer Service Centre
95 Grenfell Street
ADELAIDE SA 5000

Post

Customer Service
Centre GPO Box 1719
ADELAIDE SA 5001

Electronically

Scan and email all
documents with your
application/renewal

More information

www.cbs.sa.gov.au

Ph: 131 882 option 6

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

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

Credit Card Payments

I hereby authorise Consumer and Business Services 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