

Application for a Major Bingo 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

This application must be accompanied by a non-refundable fee

Office use only

Date received	_____	Fee paid	\$	_____	Receipt No	_____
Application No	_____	Licence No	H	_____	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 (X) 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.

Note: A licence cannot be granted unless the above documents have been included with your application.

Section 4

Does the association have a relationship or arrangement with another Association that holds a major bingo licence? Yes No
 (if yes, give details on an attachment)

Will any inducements (other than prizes) be offered to participate in the bingo sessions? (if yes, please attach details) Yes No

Are persons under the age of 18 permitted to participate? Yes No

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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 _____

Section 6 Details of when session(s) will be held

	Address of venue	Day of the week	Starting time of session
Session 1			
Session 2			
Session 3			

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 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

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