

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:
 (tick one only)

Post

Email

Fax

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?
 (if yes, give details on an attachment)

Yes

No

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

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