



## Appointment of manager – notice

### Information

1. This form is for a corporate licensee to notify the Authority when the licensee has appointed an approved person as the manager of the licensed premises. Any previous appointment as the manager of a licence ceases when this notice takes effect.
2. A registered club with a single premises does not need to appoint a manager and lodge this notice, because the secretary of the club is taken to be the manager. A registered club with multiple premises must appoint a manager and lodge this notice for each premises other than the main premises.
3. **No payment is required.**
4. Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents. Failure to supply information can delay the effect of this notice. If the appointed manager does not have applicable approved manager approval, this notice will not take effect.
5. For more information, visit [www.ilga.nsw.gov.au](http://www.ilga.nsw.gov.au) or [www.olgr.nsw.gov.au](http://www.olgr.nsw.gov.au)
6. For assistance, call (02) 9995 0894 or email [info@olgr.nsw.gov.au](mailto:info@olgr.nsw.gov.au)
7. Lodge this application form with supporting documents by one of the following methods:

**OFFICEUSE ONLY**

**AM0200**

By (circle): **mail** | OTC | fax | email

Date lodged \_\_\_\_\_

Request number \_\_\_\_\_

Finalised by \_\_\_\_\_

Date finalised \_\_\_\_\_

**Post**

Office of Liquor  
Gaming & Racing  
GPO Box 7060  
Sydney NSW 2001

**Deliver to**

Office of Liquor  
Gaming & Racing  
Level 6, 323 Castlereagh St  
Haymarket NSW 2000

**Email**

[liquorapplications@olgr.nsw.gov.au](mailto:liquorapplications@olgr.nsw.gov.au)

### PART 1 About the liquor licence

Tell us the:

Liquor licence number LIQ \_\_\_\_\_

Licence name \_\_\_\_\_

Name of licensee \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

### PART 2 About the appointed manager (this person will also become the contact person for the corporate licensee for this licence)

Title \_\_\_\_\_ Gender \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth (dd mm yyyy) \_\_\_\_\_

Place of birth e.g. Camperdown \_\_\_\_\_ Phone (home) \_\_\_\_\_

Phone (mobile) \_\_\_\_\_ Phone (daytime) \_\_\_\_\_

Fax \_\_\_\_\_ Driver's licence \_\_\_\_\_ State \_\_\_\_\_

Email address \_\_\_\_\_



**Residential address** (always a 'physical' street address)

Street no. \_\_\_\_\_ Street name \_\_\_\_\_  
Town/city \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Country (if not Australia) \_\_\_\_\_

**Postal address** (if different from residential address) a PO Box if one exists; otherwise a 'physical' street address. We will use this mailing address when we contact this person about the licence.

PO Box or street no. \_\_\_\_\_ Street name \_\_\_\_\_  
Town/city \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Country (if not Australia) \_\_\_\_\_

**PART 3 About the appointment**

Tell us the approved manager approval number LIQXA 91 \_\_\_\_\_ or 09 \_\_\_\_\_

When will the appointment take effect? \_\_\_\_\_

(must not be backdated)

**PART 4 Declaration by incoming appointed manager**

- I consent to appointment as manager of the liquor licence in Part 1 of this notice.
- I certify that I am not appointed as the manager of other licensed premises at this time.
- I declare that I am not suspended or disqualified from appointment as a manager.
- I certify that I will implement practices at the licensed premises to ensure the responsible sale, supply and service of alcohol and the prevention of intoxication.
- I certify that I have not been charged with or convicted of any offence since approval by the Licensing Court or the Authority to be a manager of licensed premises.
- I acknowledge that under section 36 of the *Gaming and Liquor Administration Act 2007* and section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or incomplete information in this notice.

Name of incoming appointed manager \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PART 5 Declaration

- I declare that I am 18 years or older and I am authorised to lodge this notice.
- I declare that the contents of this notice including attachments are true, correct and complete and that I have made all reasonable inquiries to obtain the information required to complete the notice.
- I undertake to immediately notify the Authority of any change to the information in this notice.
- I declare that the appointed manager does not currently hold another appointment as manager.
- I acknowledge that under section 36 of the *Gaming and Liquor Administration Act 2007* and section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or incomplete information in this notice.
- I acknowledge that failure to provide all required information may delay the effect of this notice.
- I understand that specific details I have supplied in this notice may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*. Personal information is any information or opinion that identifies an individual, or enables someone to identify an individual.
- I acknowledge that the Independent Liquor & Gaming Authority is collecting information to enable processing of the notice. I also understand that the Authority will use the information for its intended purpose only, store the information securely, and allow me to access and update the information. When processing this notice, the Authority may need to disclose personal information to other Government agencies.

## PART 5A Applicant (must be an organisation)

This panel must be signed in accordance with the requirements in section 127 of the *Corporations Act 2001*.

**Name 1** \_\_\_\_\_ **Position** (e.g. director)

**Signature 1** \_\_\_\_\_ **Date**

**Name 2** \_\_\_\_\_ **Position** (e.g. director, company secretary)

**Signature 2** \_\_\_\_\_ **Date**

If the application is lodged by a legal or other representative, tell us:

Name of representative \_\_\_\_\_

Representative's business name \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Fax \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Email address \_\_\_\_\_

### Reminder

Before sending your application to us, check:

1. You have answered all questions in Parts 1 and 3
2. The incoming manager has completed and signed the declaration in Part 4
3. You have read and signed Part 5.