

APPLICATION FOR AUTHORISED GAME

NAME OF ORGANISATION/APPLICANT

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**This document and its contents will remain strictly
confidential to the
Tasmanian Liquor and Gaming Commission.**

LIQUOR AND GAMING CONTACT DETAILS

Hobart

80 Elizabeth Street, HOBART
G P O Box 1374, HOBART
Ph: (03) 6166 4040
Fax: (03) 6173 0218

Launceston

Henty House, 1 Civic Square, LAUNCESTON
P O Box 972, LAUNCESTON
Ph: (03) 6777 2777
Fax: (03) 6173 0218



E-mail: gaming@treasury.tas.gov.au

Web: www.gaming.tas.gov.au

July 2016
Trim Ref: 08/59353

Applicant & Game Details

1.	Full name of Organisation or Person applying for Authorised Game:
2.	Registered Address:
	Post Code:
3.	Organisation Phone & Fax Numbers:
	Phone: _____ Email: _____
4.	Details of Responsible Person: <i>The responsible person should be a senior employee of the organisation or an office bearer. This is the person who will be the main point of contact and accepts responsibility for the conduct of minor gaming under the permit in compliance with the Gaming Control Act 1993. If the space available is insufficient please supply the required information on the attachment page.</i>
a)	Title (Mr, Mrs, Miss, Ms, Dr):
b)	Full Name:
c)	Position Title:
d)	Postal Address:
e)	Day time telephone No.:
	()
	Mobile No.:
f)	Fax No.:
	()
g)	Email Address:
6.	Does the Organisation or Person hold a Minor Gaming Permit?
	Yes <input type="checkbox"/> No <input type="checkbox"/> If answered yes, please provide Permit Number: _____
7.	Name of Proposed Game:

CERTIFICATION

I/We certify that is duly authorised to make the application
(Name of Responsible Person)
on behalf of the organisation.

Incorporation Number (if applicable)
If unsure of incorporation number contact Business Affairs on 1300 654 499

Common Seal (if applicable) to be placed over signature

Signature of President/Chairman

Date: ____ / ____ / 20

Signature of Secretary/Manager/Treasurer

Date: ____ / ____ / 20

