

Application For Consent To Operate Class 4 Gambling Machines

(In accordance with s99 of the Gambling Act 2003)

**Fee in accordance with s150 of the Local Government Act 2002, set by the Schedule of Fees and Charges. Please see the current Fees and Charges document for more information.*

1. DETAILS OF APPLICANT

Full Name of Society/Trust _____

Postal Address _____

Contact Person _____

Phone _____ Fax _____

Email Address _____

2. DETAILS OF PREMISES

Name of Business _____

Street Address _____

Town _____

3. PRIMARY PURPOSE OF VENUE

Is the primary purpose of the venue in (2) above for: *(please tick the box that applies)*

Sale of Liquor

Sale of Liquor and Food

Sporting Activity

Tourist Venture

Other (please specify) _____

(please attach any supporting evidence)

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4. FURTHER INFORMATION

Please provide the following information to assist the Council in determining your application:

- The number of gaming machines to be operated _____
- Evidence of Liquor Licence – please attach copy or provide licence number _____
- Site plan showing location of machines within the premises (e.g. are the machines in a separate room, where is the room located on the premises)
- List names of management staff that will be working in the premises:

5. APPLICATION FORM COMPLETED AND SIGNED BY APPLICANT

Applicant _____

Date _____