LLMDEC02

Surrender Liquor Licence: declaration by licensee

NSW GOVERNMENT

Liquor & Gaming NSW

Before you complete this form

What this form is for

This declaration signed by the licensee must be attached to your online application for liquor licence modification at Service NSW.

The surrender will be permanent and effective from the date approved.

If information is missing, we'll need to ask you to supply the required information to support this application. This may delay our response.

How to lodge this form

Save as PDF and attach to your online liquor licence application where requested.

Need more information?

liquorandgaming.nsw.gov.au
Contact us online
1300 024 720

Declaration

- I declare that I am 18 years or older and I am authorised to lodge this application.
- I declare that the contents of this application including the attachments are true, correct and complete and that I have made all reasonable enquiries to obtain the information required to complete this application.
- I undertake to immediately notify the Independent Liquor & Gaming Authority of any change to the information in this application, if the information changes before the application is determined.
- 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 result in delay or refusal of the application.
- I understand that specific details I have supplied in this application 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.

If licensee is an individual

Full name

Signature

Date

DD / MM / YYYY

If licensee is an organisation

Two signatures are required under section 127 of the *Corporations Act 2001*.

Authorised signatory 1

Full name

Title e.g. director

Signature

Date

DD / MM / YYYY

continue overleaf

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Authorised signatory 2

Full name

Title e.g. director, company secretary

Signature

Date

DD / MM / YYYY

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