# Before you complete this form

#### What this form is for

This application form is for individuals applying for approval to be the liquor manager of a licensed premises under the Casino Control Regulations 2019.

#### What you need to know

The applicant must hold a current competency card to manage the following premises:

- Casino liquor licence premises
- Casino tenanted liquor licence premises.

Approval will only be granted in cases where the applicant:

- is a fit and proper person to manage the licensed premises
- demonstrates an understanding of the responsibilities and practices to ensure the responsible sale, supply, and service of alcohol, and
- has completed the training as required in the liquor manager application.

An approved liquor manager must be appointed as the liquor manager by the licensee. The licensee must submit a completed CLM001 form to Liquor and Gaming NSW.

#### **Training requirements**

- Responsible Service of Alcohol training required to sell, supply and serve alcohol.
- Licensee training required to manage a licensed premises.
- Advanced Licensee training required if the licensed premises trades after midnight.

Information related to all training courses is available at liquorandgaming.nsw.gov.au

#### The application will be refused

If there are reasonable grounds to believe the applicant is a member of, or is a close associate of a declared criminal organisation - within the meaning of the *Crimes Act 2012* 

If the person is appointed as the liquor manager of another licensed premises.

#### Cost

The total fee payable for this application is **\$250**. (GST-free).

# How to lodge this form

Scan and send all pages to:

Ignsw.approvals@liquorandgaming. nsw.gov.au

Include 'CLM000 First name, Last name' in the subject line. You will receive a confirmation email acknowledgment upon receipt.

Provide all pages of this notice and attachments if applicable. There's no need to attach this introduction page.

# **Need more information?**

- <sup>j</sup><sup>∪</sup> <u>liquorandgaming.nsw.gov.a</u>u
- Ontact us online
- 🜭 1300 024 720

# Your privacy

We will handle your personal information in accordance with the Privacy and Personal Information Protection Act 1998. It is being collected by Liquor & Gaming NSW and will be used for the purpose of processing your application and may be disclosed to other Government agencies for this purpose. General information about your application may be published on an electronic noticeboard and information about the application, if granted, on a public register. Providing this information is voluntary, but where relevant information is not provided this may lead to your application being refused, delayed or not further considered. You have the right to request access to, and correct details of, your personal information held by us. You can access further information on privacy at

liquorandgaming.nsw.gov.au.

#### continue overleaf



Liquor & Gaming NSW

Pre-lodgement checklist	
If information is missing, processing this application will be delayed and the application may be returned.	
<ul> <li>Have you answered all questions in Parts 1 to 5 if applicable?</li> <li>Have you attached all the documents listed in Part 4?</li> <li>Have you read and signed Part 6 and Part 8?</li> </ul>	
Attachments	
<ul> <li>National Police Certificate issued in past three months</li> <li>Copy of your competency card</li> <li>Copy of your driver's licence</li> </ul>	

CML000 Casino liquor manager - application for licensed premises Liquor & Gaming NSW		
Part 1       About the applicant (must be an individual)         Mr       Ms       Mrs       Miss       Other       Image individual         Given name       Image individual       Image individual       Image individual       Image individual         Middle name       Image individual       Image individual       Image individual       Image individual         Middle name       Image individual       Image individual       Image individual       Image individual         Family name       Image individual       Image individual       Image individual       Image individual         Gender       Image individual       Image individual       Image individual       Image individual       Image individual         Date of birth       Image individual       Image individual       Image individual       Image individual       Image individual         Email       Image individual       Image individual       Image individual       Image individual       Image individual         Date of birth       Image individual       Image individual       Image individual       Image individual       Image individual       Image individual         Image individual       Image individual       Image individual       Image individual       Image individual       Image indin       Image individual       Image	<form>         State       Postcode         Country if not Australia         Country of not Australia         Image: Country of not Australia</form>	
	continue overleaf	

## Part 3 Applicant experience

Has the applicant been refused, suspended or disqualified from holding a liquor or gaming licence in Australia?

\_\_\_ Yes

No

Has the applicant had more than six months continuous experience selling/supplying liquor at a licensed venue?

Yes

\_ No

Has the applicant had five years or more continuous experience as a licensee at more than one venue?

Yes

No

If yes,did these venues trade after midnight?

Yes

No

If yes, did these venues conduct live entertainment?

	Yes
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No

If yes, did these venues have a capacity of 200 or more?

Yes

Has the applicant actively participated in a local liquor accord for more than 12 months as a licensee?

Yes
NIa

\_\_ No

#### Part 4 Attachments

You must attach:

- National Police Certificate (NPC) for the applicant issued within the last three months. For further information on NPCs, go to the 'National police checking' section under Our Services at <u>acic.gov.au</u>.
- Copy of your competency card
- Copy of your driver licence

# Part 5 Supporting Authorised agent

Name of organisation
-
Daytime phone
Email
Website
Address
Suburb/town/oitr
Suburb/town/city
State Postcode
Mr Ms Mrs Miss Other
Contact person
Given name
Middle nome
Middle name
Family name
Gender

Date of birth

City or town and Country of birth
Email
5A Authorised agent declaration
declare that the answers I have given for this person are accurate. I have explained to this person that their nformation may be released to third parties including NSW Police for verification.
lame
Signature
Date

## Part 6 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 attachments are true, correct and complete and that I have made all reasonable enquiries to obtain the information required to complete the application.
- I undertake to immediately notify Liquor & Gaming NSW (L&GNSW) 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 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.
- I acknowledge that L&GNSW is collecting information on behalf of the NSW Independent Casino Commission to enable processing of the application. I also understand that L&GNSW will use this information for its intended purpose only, store the information securely, and allow the applicant or licensee to access and update the information. When processing this application, L&GNSW may disclose information to other Government agencies.

Full name of applicant

Signature

Date



Payment amount \$250

Pay by credit card or PayPal<sup>®</sup> using the following link:

www.liquorandgaming.nsw.gov.au/applicationpayments

• Step 1

Click on the link or type the URL into your web browser

• Step 2

Follow the instructions online to complete the payment

Step 3

When the lodgment fee is paid online you will receive a receipt number. Please record the receipt number below before lodging the application. Not providing this information may result in delays in processing your application.

#### **Receipt number:**

continue overleaf

# Statutory Declaration:

In relation to Crimes (Criminal Organisations Control) Act 2012

SOVERNMENT

Liquor & Gaming NSW

The following Statutory Declaration must be completed in order to declare there is no connection between the applicant and any criminal organisation.

The approval will be refused if there is reasonable ground to believe that the applicant is a member of, or is a close associate of a declared organisation - within the meaning of the *Crimes (Criminal Organisations Control) Act 2012* - or

If the applicant's relationship with the above organisation or its members is found in such a way that could reasonably be inferred to further the criminal activities of the declared organisation

# Part 8 Statutory Declaration OATHS ACT 1900, NSW, NINTH SCHEDULE

I, the applicant (full name of applicant)	a (qualification of authorised witness)
of address (applicant address)	certify the following matters concerning the making of this statutory declaration by the person who made it (please select applicable below):
<ul> <li>Do hereby solemnly declare and affirm that I am not a member of, or am a close associate of, or nor do I regularly associate with one or more members of a declared organisation - within the meaning of the <i>Crimes (Criminal Organisations Control) Act 2012.</i></li> <li>And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any willfully false statement in any such declaration.</li> </ul>	<ul> <li>I saw the face of the person OR</li> <li>I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification* for not removing the covering, and</li> <li>I have known the person for at least 12 months</li> <li>OR I have confirmed the person's identity using an identification document and the document I relied on was (describe identification document relied on below) –</li> </ul>
Declared at (address)	· .
Signature of applicant	Signature of authorised witness
Date	Date
in the presence of an authorised witness, who states: I, (full name of authorised witness)	* The only special justification for not removing a face covering is a legitimate medical reason