# CLL000 Casino - Tenanted liquor licence application



# Before you complete this form

#### What this form is for

This application form is for an organisation applying for a tenanted liquor licence in a casino environs under the *Casino Control Act 1992* and Casino Control Regulation 2019 that allow the sale/supply of liquor usually for consumption on the premises. If the application is granted, the applicant will become the licensee.

Only a Corporation can apply for a tenanted liquor licence in a casino environs.

The applicant is recommended to liaise with the casino in relation to the boundary of the licensed premises to be approved.

#### Cost

• The fee for this application is **\$2000**. The processing fee is not refundable if the application is withdrawn or not granted.

No GST applies. Note that fees may change without notice.

How this request will be processed

Please allow at least 10 working days to receive an email response to your request.

## **Pre-lodgement checklist**

If information is missing, processing this application will be delayed and the application may be withdrawn.

Have you answered all questions Parts 1 to 7?

Have you completed the company probity form listed in Part 6

Have you attached the documents listed in Part 6?

\_\_\_\_ Have you read and signed Part 8?

## How to lodge this form

Ignsw.approvals@liquorandgaming. onsw.gov.au

Include 'CLL000 Casino—Tenanted liquor licence application' in the subject line.

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

## **Need more information?**

⊖liquorandgaming.nsw.gov.au @<u>Contact us online</u> √ 1300 024 720

Term	Definition
Applicant	It must be a Corporation. The applicant may nominate a legal or other representative to be their contact person regarding this application.
Minor	A person under the age of eighteen.

# 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.

# CLL000 Casino tenanted liquor licence application



What is the name of the business that the proposed licence relates to?   What is the kind of business or activity carried out on the premises, or what is the kind of premises to which the proposed licence relates?   Please check one or more   Pestaurant   Food court   Carle   Other   Please supply details:   What is the main product or service that is sold, supplied or provided to people on the licensed premises?   Job title   State   Post 2 About the applicant   ARN   ARN   ARN   ARN   Year   incorporated   Year   Mobile   Scontinue overleaf	Part 1 About the proposed tenanted liquor licence	Business address a street address
What is the kind of business or activity carried out on the premises, or what is the kind of premises to which the proposed licence relates?   Please check one or more   Pease check one or more   Postor court   Cafe   Other Please supply details:   What is the main product or service that is sold, supplied or provided to people on the licensed premises? <b>Part 2 About the applicant</b> Name of organisation Must exactly match the name registered to the ABN/ACN and cannot be a trust. <b>Cate of birth Cate of birth</b> </th <th>licence relates to?</th> <th></th>	licence relates to?	
the proposed licence relates?   Please check one or more   Point Pease supply details:     Other Please supply details:     What is the main product or service that is sold, supplied or provided to people on the licensed premises?     Part 2 About the applicant     Name of organisation Must exactly match the name registered to the ABN/ACN and cannot be a trust.     City or town and country of birth   Email   ABN   Year   Incorporated		Suburb/town/city
Restaurant   God court   Cafe   Other   Please supply details:     Mr   Mr   Ms   Other   Contact person details (e.g. director, company secretary)    Mr   Mr   Ms   Mr   Miss   Other   Contact person details (e.g. director, company secretary)    Mr   Mr   Ms   Mr   Miss   Other   Contact person details (e.g. director, company secretary)    Mr   Ms   Mr   Ms   Mr   Miss   Other   Contact person details (e.g. director, company secretary)    Mr   Ms   Mr   Ms   Mr   Miss   Other   Contact person details (e.g. director, company secretary)    Middle name   Middle name   Job title   Gender   Date of birth   Date of birth   Email   ABN   ABN   ABN   Mobile   Year   incorporated	the premises, or what is the kind of premises to which	State Postcode
□ Food court   □ Cafe   □ Cher   □ Please supply details:     □ Image: Ima	Please check one or more	Country if not Australia
Cafe   Other → Please supply details:     Other → Please supply details:   Contact person details (e.g. director, company secretary)      Mr □ Ms □ Mrs □ Miss □ Other □   Given name   Given name   Given name   Middle name   Family name   or provided to people on the licensed premises?     Job title   Gender   Job title   Gender   Date of birth   City or town and country of birth   Email   ABN □ □ □ □ □ □   ABN □ □ □ □ □ □   ABN □ □ □ □ □ □   Mobile   Year   incorporated	Restaurant	
Other Please supply details:     Mr Ms        Mr Ms     Mr Ms     Given name     Given name     Middle name     Middle name     Family name     Family name     Gender     Date of birth     City or town and country of birth     Email     Mobile     Year	Food court	
Mr Ms Mrs Miss Other   Given name Given name   What is the main product or service that is sold, supplied or provided to people on the licensed premises? Middle name   Family name Family name   Gender Job title   Gender Gender   Job title Gender   City or town and country of birth City or town and country of birth   Email Mobile   Year Mobile		Contact person details (e.g. director, company secretary)
What is the main product or service that is sold, supplied or provided to people on the licensed premises?     Family name   Family name   Family name   Gender   Job title   Gender   Gender   Date of birth   Date of birth   City or town and country of birth   Email   ABN   Year   incorporated	Other - Please supply details:	Mr Ms Mrs Miss Other
What is the main product or service that is sold, supplied or provided to people on the licensed premises?   Family name   Family name   Family name   Family name   Gender   Gender   Date of birth   Date of birth   City or town and country of birth   Email   Mobile   Year   incorporated		Given name
What is the main product or service that is sold, supplied or provided to people on the licensed premises?   Family name   Family name   Family name   Family name   Gender   Gender   Date of birth   Date of birth   City or town and country of birth   Email   Mobile   Year   incorporated		
What is the main product or service that is sold, supplied or provided to people on the licensed premises?   Family name   Family name   Family name   Family name   Gender   Gender   Date of birth   Date of birth   City or town and country of birth   Email   Mobile   Year   incorporated		Middle name
or provided to people on the licensed premises?           Job title         Job title         Gender         Date of birth         Date of birth         City or town and country of birth         Email         ABN         Year         incorporated		
or provided to people on the licensed premises?           Job title         Job title         Gender         Date of birth         Date of birth         City or town and country of birth         Email         ABN         Year         incorporated		Equily name
Part 2 About the applicant   Name of organisation Must exactly match the name registered to the ABN/ACN and cannot be a trust.   City or town and country of birth   City or town and country of birth   Email   Mobile   Year   incorporated		
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Name of organisation Must exactly match the name registered to the ABN/ACN and cannot be a trust.     City or town and country of birth     BN   ABN     ACN   Year     incorporated     Mobile		Date of birth
registered to the ABN/ACN and cannot be a trust.	Part 2 About the applicant	
registered to the ABN/ACN and cannot be a trust.	Name of organisation Must exactly match the name	
ABN		City or town and country of birth
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Year     Mobile       incorporated     Image: Constraint of the second		
Year Incorporated		Mobile
incorporated	Year	
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Daytime phone	
Driver licence no.	State
Residential address a street address	3
Suburb/town/city	1
State Postcode	
Part 3 More about the	applicant
Is or was the applicant ever assoc licence in NSW?	iated with a liquor
No 🦳 Go to next question	
Yes 🥥 Supply details below	
Licence name	
Applicant's role	
-	
-	
<b>—</b> • • • • •	
Role start date	Role end date
Role start date Has the applicant had more than experience selling/supplying lique venue?	6 months continuous
Has the applicant had more than experience selling/supplying lique	6 months continuous
Has the applicant had more than experience selling/supplying lique venue?	6 months continuous
Has the applicant had more than experience selling/supplying lique venue?	6 months continuous or at a licensed more continuous
Has the applicant had more than experience selling/supplying lique venue? Yes No Has the applicant had 5 years or	6 months continuous or at a licensed more continuous
Has the applicant had more than experience selling/supplying lique venue? Yes No Has the applicant had 5 years or experience as a licensee or appro	6 months continuous or at a licensed more continuous
Has the applicant had more than experience selling/supplying lique venue? Yes No Has the applicant had 5 years or experience as a licensee or appro	6 months continuous or at a licensed more continuous oved manager?

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

No 🕨 Go to Part 4

Yes 🔻 Provide details

# Part 4 Proposed premises for the tenanted liquor licence

Level No.

Store No.

#### Street address

Suburb/town/city

State Postcode

What is the proposed patron capacity?

## What are the proposed trading hours?

Dov	Proposed trading hours		
Day	start time	end time	
Monday	:	:	
Tuesday	:	:	
Wednesday	:	:	
Thursday	÷	÷	
Friday	÷	÷	
Saturday	:	:	
Sunday	:	:	

continue overleaf

Please provide reasons and relevant information to support the above trading hours, as follows;

- the need to minimise harm associated with misuse and abuse of liquor (including harm arising from violence and other anti-social behaviour);
- the need to encourage responsible attitudes and practices towards the promotion, sale, supply, service and consumption of liquor;
- the need to ensure that the sale, supply and consumption of liquor contributes to, and does not detract from, the amenity of community life.

Attach a separate sheet if you need more space.

	An offsite storage authorisation
	No
	Yes ▼ Please provide details of an offsite storage below.
	Attach a separate sheet if you need more space.
Additional sheet attached	Additional sheet attached <i>continue overleaf</i>

Are you applying for any of the following licence-related authorisation(s)?

A minors area authorisation

No

Yes 
Please specify the areas for a minors area authorisation below.

#### Part 5 Details of casino where the proposed licence premises is located

## This section to be filled out by the casino

#### Name of organisation

	<ul> <li>A company organisational of the applicant company, companies.</li> </ul>
	<ul> <li>A list of the applicant comp secretary, and financial con</li> </ul>
	<ul> <li>For each person above, inc Certificate.</li> </ul>
Year incorporated	<ul> <li>For each of the above peop 100 point check identity doe</li> </ul>
Business street address	<ul> <li>Floor plans of the proposed include the boundary of the storage areas.</li> </ul>
Suburb/town/city	Part 7 Authorised ag
State Postcode	☐ Mr ☐ Ms ☐ Mrs ☐ M Given name
Contact person details (e.g. director, company secretary)	
☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other	Middle name
Given name	Family name
Middle name	Job title
Family name	Gender
Job title	Email
Email	
	Daytime phone

#### Supporting information we need Part 6

#### Attach and clearly label the following:

- chart showing the structure including holding or parent
- pany's directors, company ntroller (see part 2).
- clude a National Police
- ple, include a copy of the cuments.
- d licensed premises, which e premises and liquor

# ent

Middle name		
Family name		
Job title	 	 
Gender	 	 
Email		
NA-1-:		
Daytime phone		

CS6450\_07112

# 7A Authorised agent employer details

Name of organisation	

#### Website

#### **Business address**

-			
Suburb/tow	/n/city		
State	Postcode		
		]	

## 7B Authorised agent declaration

I declare that the answers I have given for this person are accurate. I have explained to this person that their information may be released to 3rd parties including NSW Police for verification

Name

Signature

Date

# Part 8 Declaration of applicant

- 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 notify as soon as possible 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 s. 36 of the Gaming and Liquor Administration Act 2007 and s. 307A of the Crimes Act 1900 it is an offence to provide false, misleading or incomplete information in this application.
- I acknowledge that failure to provide all required information will result in the application being rejected.
- 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

# Part 9 Payment for this application

The total fee can include a combination of a fixed fee and a processing fee. The processing fee component is

nonrefundable in the event the application is withdrawn or not granted.

\$2,000

Fees are subject to change without notice and do not incur GST.

Payment amount

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: