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10.3.2014.

Gaming machines
Application form

Gaming machine threshold increase where LIA required

Office use only 780 / 849

By mail OTC fax, email (circle)

Date lodged 10-3-2014

Amount paid \$ 1650-

Receipt no 1-2386556667

Application number 1-2359344811

Finalised by _____

Date finalised _____

Notification issue date _____

Information for applicants

1. Use this application form if you are applying for a gaming machine threshold increase and a Local Impact Assessment (LIA) is required.
2. Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents to support the application.
3. If you need help in completing the application form, call (02) 9995 0791 or email cms-bu@olgr.nsw.gov.au
4. If you need more information go to www.olgr.nsw.gov.au
5. Lodge this application form with payment and supporting documents by:

Post
NSW Office of Liquor
Gaming & Racing
GPO Box 7060
Sydney NSW 2001

Fax
NSW Office of Liquor
Gaming & Racing
(02) 9995 0878

Deliver to
NSW Office of Liquor
Gaming & Racing
Level 7, 323 Castlereagh Street
Haymarket NSW 2000

Email
cms-bu@olgr.nsw.gov.au

PART 1 Venue information

Licence number **LIQC 300227804** Premises name **CLUB CENTRAL HURSTVILLE**

Premises address **2 CROFTS AVENUE HURSTVILLE NSW 2220**

Phone (daytime) **0 2 9 5 7 0 3 3 5 5**

Email address **mwalker@icc.org.au**

Local government area (LGA) **HURSVILLE CITY COUNCIL**

What is the total internal floor space of the premises? (in square metres) **3,746** m²

Is the application for a new premises? Yes No

If Yes, is the new premises within 200m of a school, place of public worship or hospital? Yes No

If Yes, please provide a map showing the location of the relevant venue and the location of any school, place of public worship or hospital within 200 metres of the venue.

Is the premises part of a retail shopping centre or proposed retail shopping centre as defined in section 4 of the *Gaming Machines Act 2001*? Yes No

If Yes, what is the name and address of the new or proposed shopping centre?

PART 2 Gaming machine threshold information

What is the current gaming machine threshold for the premises?

273

What is the proposed new gaming machine threshold for the premises?

20

What is the proposed increase in gaming machine threshold for the premises?

293

PART 3 Local impact assessment (LIA) information

Type of LIA being lodged.

For information on what type of LIA is required, see the information sheet on the new LIA process at www.olgr.nsw.gov.au

What type of Local Impact Assessment (LIA) is being lodged? (tick one only)

Class 1

Class 2

Lodge the applicable LIA submission with this form. See the information sheets at www.olgr.nsw.gov.au for guidelines on what the LIA submission needs to contain.

PART 4 Notification of application result

Do you wish to be notified of the result of this application by email? (If Yes, an additional \$50 fee is payable on lodgement of application)

Yes No

If Yes, print the email address:

mwalker@icc.org.au

PART 5 Payment for this application

The payment amount depends on what is applied for. Use this table to calculate the amount payable:

| | Fee |
|----------------------------------------------------|-------|
| Gaming machine threshold increase with Class 1 LIA | 1,650 |
| Gaming machine threshold increase with Class 2 LIA | 6,000 |
| Email notification (if ticked Yes in Part 4) | 50 |

Pay the applicable fee by: (please tick)

Amounts include GST

Cheque (payable to 'Office of Liquor, Gaming & Racing')

Cash

Money order

Credit card

Cheque drawer's name

Illawarra Catholic Club Limited

MasterCard VISA

Card no

Expiry date

Cardholder's name

Cardholder's signature

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 inquiries to obtain the information required to complete the application.
- I undertake to immediately notify the 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 *Casino, Liquor and Gaming Control Authority Act 2007* and section 307A of the *Crimes Act 1900* it is an offence to provide false or misleading information in this application.
- I acknowledge that failure to provide all required information may result in 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.
- I acknowledge that the Casino, Liquor & Gaming Control Authority is collecting information to enable processing of the application. I also understand that the Authority will use the information for its intended purpose only, store the information securely, and allow me to access and update the information. When processing this application, the Authority may need to disclose personal information to other Government agencies.

Name of club secretary/hotel licensee **MICHAEL JOHN WALKER**

Signature of club secretary/hotel licensee  Date 6 MARCH 2014

If the application is lodged by a legal or other representative, tell us:

Name of representative **DAVID POWER**

Representative's business name **CAMPBELL ADVISORY PTY LIMITED**

Phone (daytime) **0 2 8 2 8 1 6 6 1 6** Fax **0 2 8 2 8 1 6 6 9 7**

Address for correspondence **PO BOX 168, QVB NSW 1230**

Email **david.power@campbelladvisory.com.au**

Reminder

Before sending your application to us, check:

1. You have answered all questions in Parts 1 to 4
2. Payment is enclosed, or the credit card details are completed, in Part 5
3. You have read and signed Part 6.