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14 MAR 2016

Gaming machines  
Application form

## Gaming machine threshold increase where LIA required

### Information for applicants

1. Use this application form if you are applying for a gaming machine threshold increase and if 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](http://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

Office use only

780 / 849

By mail, OTC, fax, email (circle)

Date lodged

14 3 16

Amount paid \$

1650

Receipt no

1-4175100317

Application number

1-4175100589

Finalised by

Date finalised

Notification issue date

### PART 1 Venue information

Licence number **LIQC300227499** Premises name **Club Grandviews**

Premises address **821 Forest Road, Peakhurst NSW 2210**

Phone (daytime) **(02) 9533 2255**

Email address **gm@clubgrandviews.com.au**

Local government area (LGA) **Hurstville**

What is the total internal floor space of the premises? (in square metres) **1801** m<sup>2</sup>

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? 30

What is the proposed new gaming machine threshold for the premises? 40

What is the proposed increase in gaming machine threshold for the premises? 10

**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](http://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](http://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: \_\_\_\_\_

**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



**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 Paul Nicholls

Signature of club secretary/hotel licensee



Date

10.3.16

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

Name of representative Rochelle Hurst

Representative's business name Hatzis Cusack Lawyers

Phone (daytime) (02) 9221 9300

Fax (02) 9233 1001

Address for correspondence GPO Box 3743, SYDNEY NSW 2001

Email rh@hatziscusack.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.