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| **COMMUNITY GAMING AUTHORITY***Community Gaming Act 2018; Community Gaming Regulation 2020* |
| **Application Form**  |
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| **Applying for an authority** This application form is for the following gaming activities, if the total prize value of any individual gaming activity exceeds **$30,000**: * Art union
* Sweep or calcutta
* Progressive lottery

***Note:*** 1. *You must fill out a separate application form for each type of gaming activity.*
2. *You can apply for an authority for 1, 3 or 5 years duration.*
3. *You can conduct multiple games of the same type of gaming activity for the duration of your authority.*
4. *Once an authority is issued, you must notify Fair Trading of all proposed gaming activities* ***at least 10 working days*** *before they take place by completing the Notification Form for Commencement of Gaming Activity.*
5. *To notify a change in your existing authority, complete the Notification Form for Changes to Authority.*
6. *You must be aware of, and abide by, your obligations and responsibilities under the Community Gaming Act 2018, the Community Gaming Regulation 2020, and any other relevant Acts and Regulations related to the conduct of their authorised gaming activity. Any breach of the Community Gaming laws may result in cancellation of your authority.*
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| **Fees**Fees will depend on the length of the authority you are applying for. Please see [www.fairtrading.nsw.gov.au](https://nswgov.sharepoint.com/sites/DFSIRNR/Shared%20Documents/Community%20Gaming/10.%20Forms/www.fairtrading.nsw.gov.au) for the most up-to-date fees. |

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| **How to lodge this form** |
|  **By** **Email**CELottery@customerservice.nsw.gov.au | OR | Man  **In person at:****Service NSW Service Centre**For your nearest Service NSW Service Centre, go to [www.service.nsw.gov.au](http://www.service.nsw.gov.au) or telephone 13 77 88. |
| **If you need help completing this form, please contact Fair Trading on 13 32 20 or at** *CElottery@customerservice.nsw.gov.au* |

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| **SECTION 1 – GENERAL INFORMATION** |
| 1.   What type of gaming activity are you applying for?  |
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| ☐  | Art union  |
| ☐  | Sweep or calcutta   |
| ☐  | Progressive lottery  |

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| 2. Which authority duration are you applying for?  |
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|[ ]  1 year |  |[ ]  3 years |  |[ ]  5 years |  |

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| **SECTION 2 – APPLICANT DETAILS** |
| **Part A – Authority applicant**  |
| *The authority applicant is the person or body who will be the holder of this authority.*  |
|  |  |  |  |
|  | Name: |  |  |
|  | Click or tap here to enter text. |  |
|  |  |  |
|  | Trading name (if applicable):  |  |
|  | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  | Business address: |
|  | Click or tap here to enter text. |  |
|  | Click or tap here to enter text. |  |
|  | Click or tap here to enter text. | Postcode: | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  | Is this a residential address? |[ ]  Yes |[ ]  No |  |
|  | Postal address (if different to business address):  |  |
|  | Click or tap here to enter text. |  |
|  | Click or tap here to enter text. |  |
|  | Click or tap here to enter text. | Postcode: | Click or tap here to enter text. |  |
|  |  |  |  |
|  | ABN (if applicable): |  | ACN (if applicable):  |
|  | Click or tap here to enter text.  |  | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  | Phone: |  | E-mail: |  |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |
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|  | Website (if applicable):  |  |  |  |
|  | Click or tap here to enter text. |  |
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| **Part B – Nominated contact person**  |
| *The nominated contact person is the primary point of contact for this application.* |
|  |  |  |  |
|  | Surname: |  | Given Names: |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  | Phone:  |  | Email:  |  |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  | Position within applying organisation (if applicable):  |  |
|  | Click or tap here to enter text. |  |
|  |  |  |
|  | Postal address:  |  |
|  | Click or tap here to enter text. |  |
|  |  |  |
|  |  | Postcode: | Click or tap here to enter text. |  |
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| **SECTION 3 – PAYMENT** |
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| Card number |  | Card expiry date (MM/YYYY) |  |  |
| Click or tap here to enter text. |  |  |  | **/** |  |  |  |
|  |  |
|  Cardholder name as appears on card |  |
|  | Click or tap here to enter text. |  |
|  |  |
| Cardholder signature  |  |
|  |  |  | Date (DD/MM/YYYY) |  |
|  | **/** |  | **/** |  |  |
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| **SECTION 4 – DECLARATION** |
| * I declare that I am 18 years or older and I am authorised to make this application on behalf of the person or body proposing to conduct the gaming activity.
* I declare that all reasonable steps will be taken to ensure that persons proposing to conduct the gaming activity and persons associated with the proposed gaming activity are fit and proper.
* I declare that the contents of this application including any attachments are true, correct and complete.
* I acknowledge that under section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or deficient 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 NSW Fair Trading is collecting personal information to enable processing of the application. I also understand that this agency will use the information for its intended purpose only, store the information securely, and allow me to access and update the information. I also acknowledge that this agency, when processing this application, may need to disclose personal information to other Government agencies.
* I consent to the use of personal information in this application for the purposes of maintaining the Community Gaming public register.
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| **Signature** |  |
| **Printed name** | FULL NAME IN BLOCK LETTERS |
| **Position/Title** | Position |
| **Date of signing**  | Click or tap to enter a date. |