



## Change gaming machine shutdown period (to the general 6-hour period)

### Information for applicants

1. Use this application form if the gaming machine shutdown period for your licensed premises is NOT the general 6-hour shutdown period from 4:00AM to 10:00AM each day of the week because of an approval given previously, and if you are applying to revert to the general 6-hour shutdown period.
2. Complete all applicable questions. If information is missing, we can ask you to supply the required information to support the application.
3. If you need help in completing this application, call (02) 9842 8163 during business hours or email [gamingapplications@ilga.nsw.gov.au](mailto:gamingapplications@ilga.nsw.gov.au)
4. If you need more information, visit [www.liquorandgaming.justice.nsw.gov.au](http://www.liquorandgaming.justice.nsw.gov.au)
5. Lodge this application form by:

#### Post

Manager Gaming Systems  
PO Box 8325  
Parramatta Westfield NSW 2150

#### Deliver to

Manager Gaming Systems  
Level 7, 10 Valentine Avenue  
Parramatta NSW 2150

#### Email

[gamingapplications@ilga.nsw.gov.au](mailto:gamingapplications@ilga.nsw.gov.au)

#### OFFICE USE ONLY

GMS010

By (circle): mail | OTC | fax | email

Date lodged \_\_\_\_\_

Request number \_\_\_\_\_

Finalised by \_\_\_\_\_

Date finalised \_\_\_\_\_

THIS FORM CONTAINS FILLABLE FIELDS

### PART 1 About the liquor licence

Tell us the:

Liquor licence number LIQ \_\_\_\_\_

Licence name \_\_\_\_\_

Premises address \_\_\_\_\_

If the licensee is an individual (i.e. a person), answer all questions in Part 1A only.  
If the licensee is an organisation (e.g. a company), answer all questions in Part 1B only.

#### PART 1A Licensee (if an individual)

Title \_\_\_\_\_ Gender \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth (dd mm yyyy) \_\_\_\_\_

Place of birth e.g. Camperdown \_\_\_\_\_ Phone (daytime) \_\_\_\_\_

Email address \_\_\_\_\_

#### PART 1B Licensee (if an organisation)

Name of organisation \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

## PART 2 About the application

A compulsory 6-hour shutdown period applies to all club and hotel licences that keep gaming machines. Gaming machines must not be played during the shutdown period. The general shutdown period commences at 4:00AM and concludes at 10:00AM each day of the week.

A club or hotel may hold an approval for a different shutdown period of 3 hours or 6 hours duration. The club or hotel can apply for approval to return to the general 6-hour shutdown period which is 4:00AM to 10:00AM each day of the week.

Supply the following information:

Day	What are the actual opening and closing times* for your licensed premises now?		What are the proposed opening and closing hours* for your licensed premises if this application is approved?	
	Opening time	Closing time	Opening time	Closing time
Monday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Tuesday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Wednesday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Thursday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Friday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Saturday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Sunday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Public holiday	: AM/PM	: AM/PM	: AM/PM	: AM/PM

\* Note: the actual and the proposed opening and closing times for your premises may be less than your approved trading hours listed on the licence document

Day	What is the shutdown period for gaming machines now?		What is the proposed shutdown period for gaming machines?	
	From	To	From	To
Monday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Tuesday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Wednesday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Thursday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Friday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Saturday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Sunday	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Public holiday	: AM/PM	: AM/PM	: AM/PM	: AM/PM

Does the applicant's licence have overdue gaming machine taxes? \_\_\_ Yes \_\_\_ No

If **Yes**, what is the indicative amount of the overdue gaming machine taxes? \$ \_\_\_\_\_

**Note:** This application may not be approved unless overdue gaming machine taxes are paid or satisfactory arrangements are made for payment.

## PART 3 Payment for this application

**No payment is required**

#### PART 4 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 notify as soon as practical 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 acknowledge that failure to provide all required information may result in delay or 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 L&GNSW is collecting information on behalf of Independent Liquor and Gaming Authority to enable processing of the application. I also understand that L&GNSW will use the 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.

If the applicant is an individual (i.e. a person), complete Part 4A only. If the applicant is an organisation (e.g. a company), complete Part 4B only.

#### PART 4A Applicant (if an individual)

<b>Name</b>	<b>Position</b>
<b>Signature</b>	<b>Date</b>

#### PART 4B Applicant (if an organisation)

This panel must be signed in accordance with the requirements in section 127 of the *Corporations Act 2001*.

<b>Name 1</b>	<b>Position</b> (e.g. director)
<b>Signature 1</b>	<b>Date</b>
<b>Name 2</b>	<b>Position</b> (e.g. director, company secretary)
<b>Signature 2</b>	<b>Date</b>

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

Name of representative \_\_\_\_\_

Representative's business name \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Fax \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Email address \_\_\_\_\_

#### Reminder

- Before sending your application to us, check:
1. All questions in Parts 1 and 2 have been answered
  2. The applicant has read and signed Part 4.