



CLUTHA DISTRICT COUNCIL

PO Box 25, Balclutha

Phone: 03 418 1350

Fax: 03 418 3185

APPLICATION FOR A GAMBLING CLASS 4 AND TAB VENUE CONSENT

Applies to new (and those licensed after 17 October 2001) Class 4 venues and TAB Venue Consent

1. DETAILS OF APPLICANT

- a) Full Name of Society/Trust: _____
- b) Postal Address: _____
- c) Daytime Contact Person: _____
- d) Telephone number: _____ Fax: _____
- Email address: _____

2. DETAILS OF GAMBLING VENUE

- a) Name of Venue: _____
- b) Street Address: _____
[State the address on the existing gambling venue licence of if there is not existing licence, the same address as on the liquor licence]
- c) Daytime Contact Person: _____
- d) Number of gaming machines currently in the venue (and number of proposed machines if applicable):
- Current: _____ Proposed: _____

- e) Details of liquor licence(s) applying to the premises:

Licence No: _____ Expiry Date: _____

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Dated at _____ this _____ day of _____ 20____

Applicant's Signature

NOTE

3. Please attach the following information in support of the application:

1. Evidence of Police approval.
2. 12 month business plan or budget.
3. Site Plan.
4. Copy of applicant's host responsibility, gambling harm minimisation policy and staff training programme.
5. Application fee of \$150 must accompany this application.

SITE PLAN