

Registration No.: _____ (GAME) (office use only)

Application for Certificate of Local Health Authority - Section 55 (Gaming Permit)

* Please allow 90 days processing time. A Council report needs to be prepared and significant time is required for Council to authorise a Local Government Officer to complete the Certificate. Please email completed application to health@kwinana.wa.gov.au

FEES: - To be paid upon application

NOTE: Fee increases may apply on 1 July each financial year.

Application Fee: \$111 (No GST) Gaming (fee type 308)

Name of Applicant: _____

Address: _____

_____ Post Code _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

ADDRESS OF LICENCED PREMISES:

Premises Known as: _____

Street No: _____ Street: _____

Suburb: _____ Post Code _____

Please provide reasons why the City of Kwinana should support the gaming permit (include social and health implications):

Plans showing licensed area for gaming attached Yes No

Approval of premises application form completed and attached
(Gaming and Wagering Commission Act 1987) Yes No

Copy of public building certificate of approval attached Yes No

Declaration:

I, _____ (name of the applicant) making this application declare that the information contained in this application is true and correct in every particular.

Signature of applicant: _____ **Date:** _____

In the case of a company, the signing officer must state position in the company

Position (if applicable) _____