

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) _____