

**TASMANIAN GAMING COMMISSION
GAMING CONTROL ACT 1993**



**APPLICATION FOR
AUTHORISED GAME**

NAME OF APPLICANT

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**This document and its contents will remain strictly
confidential to the Tasmanian Gaming Commission.**

Tasmanian Gaming Commission
GPO Box 1374 Hobart Tas 7001
Telephone: (03) 6233 6119
Fax: (03) 6234 3357

GAMING CONTROL ACT 1993

Applicant & Game Details

1.	Full name of Organisation or Person applying for Authorised Game	
2.	Registered Address	
		Post Code
3.	Organisation Phone & Fax Numbers	
	Phone	Fax
4.	Details of Responsible Person <i>The responsible person should be a senior employee of the organisation or an office bearer. This is the person who will be the main point of contact and accepts responsibility for the conduct of minor gaming under the permit in compliance with the Gaming Control Act 1993. If the space available is insufficient please supply the required information on the attachment page.</i>	
a)	Title (Mr, Mrs, Miss, Ms, Dr)	
b)	Full Name	
c)	Position Title	
d)	Postal Address	
e)	Day time telephone No.	()
f)	Fax No.	()
g)	Email Address	
6.	Does the Organisation or Person hold a Minor Gaming Permit?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	If answered yes, please provide Permit Number:
7.	Name of Proposed Game:	

Certification

We certify thatis duly authorised to make the application on behalf of the
Name of responsible person
organisation.

Incorporation Number (if applicable)

Common Seal (if applicable) to be placed over signature

Signature of President/Chairman

Date: ____ / ____ / 200 .

Signature of Secretary/Manager/Treasurer

Date: ____ / ____ / 200 .
