

## INDIVIDUAL ACTIVITY NOTIFICATION FOR BINGO

### DETAILS OF MINOR GAMING PERMIT HOLDER

Minor Gaming Permit Holder Name .....

Minor Gaming Permit Number ..... Daytime Phone Number .....

### DETAILS OF BINGO

Full address of venue:	On what dates will bingo be conducted:
_____	1 _____
_____	2 _____
_____	3 _____
_____	4 _____
_____	5 _____
How many sessions will be held at this venue?	6 _____
_____	7 _____
_____	8 _____
On what day(s) and time will bingo be conducted?	9 _____
morning of: _____ Time _____	10 _____
afternoon of: _____ Time _____	11 _____
evening of: _____ Time _____	12 _____

*I have read and understood the conditions that apply to the conduct of bingo. I certify that, to the best of my knowledge, the details provided in this notification are true and correct. I accept total responsibility for the proper conduct of bingo sessions.*

Signature of responsible person ..... Date.....

Name of responsible person .....

### LIQUOR AND GAMING CONTACT DETAILS

Salamanca Building Parliament Square 4 Salamanca Place HOBART TAS 7000

Telephone: (03) 6166 4040 Facsimile: (03) 6173 0218

Level 3 Henty House 1 Civic Square LAUNCESTON TAS 7250

Telephone: (03) 6777 2777 Facsimile: (03) 6173 0218

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