

# Application for a Minor Gaming Permit - Lucky Envelope Tickets

Liquor and Gaming Branch  
Department of Treasury and Finance

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## A. Application requirements

The following must be lodged for an application to be complete. Incomplete applications are unable to be progressed.

Tick to confirm you have lodged the required documentation for this application.

### All applicants:

- Completed application form (this document)
- Application fee - [application fees](#)
- Letter of permission/acknowledgement on official letterhead from EACH not-for-profit organisation or charitable purpose confirming their approval to conduct the game for their benefit

### If the applicant is an individual, you must also provide the following:

- Proof of identity - [identity requirements](#)

## Next steps:

1. Compile all required attachments (*section A*).
2. Check you have completed ALL of the questions (*sections B, C, D, E, F, G and H*).
3. Lodge the complete application (including all attachments) via email or post.

**Email**  
[gaming@treasury.tas.gov.au](mailto:gaming@treasury.tas.gov.au)

**Web**  
[www.treasury.tas.gov.au/liquor-and-gaming](http://www.treasury.tas.gov.au/liquor-and-gaming)

**Post**  
Tasmanian Liquor and Gaming  
Commission  
Liquor and Gaming Branch  
GPO Box 1374  
HOBART TAS 7001

**Telephone**  
Monday to Friday  
8:45 am to 5:00 pm  
(03) 6166 4040

## B. Applicant details - if a legal entity is to hold the permit

Full name of the legal entity	<input type="text"/>
Address of the legal entity	<input type="text"/>
Contact number	<input type="text"/>
Email address to be used for this application and ongoing	<input type="text"/>
ABN/ACN of the legal entity	<input type="text"/>
Designated contact person	<input type="text"/>
Contact person's role with the legal entity	<input type="text"/>
Contact person's phone number	<input type="text"/>

## C. Applicant details - if an individual is to hold the permit

Full name of the individual	<input type="text"/>
Date of birth	<input type="text"/>
Address of the individual	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>
Your relationship to the not-for-profit organisation/charitable purpose	<input type="text"/>

## D. Previous permit details

If the applicant has previously held a minor gaming permit, please provide details:

Permit number	<input type="text"/>
Permit holder name	<input type="text"/>
Expiry date	<input type="text"/>
Games authorised by this permit	<input type="text"/>

## E. Suitability to hold a permit

Have you (the applicant) previously had an application for a minor gaming permit refused

Yes

No

If yes, please provide details

Have you previously been subject to any investigation, or had any action taken against you, by the Tasmanian Liquor and Gaming Commission, or any other similar regulator in Tasmania or any other jurisdiction  Yes  No

If yes, please provide details

Have you been convicted within the last ten years of any criminal offence involving dishonesty, in Tasmania or any other jurisdiction  Yes  No

If yes, please provide details

Please provide any other information that may be relevant to the applicant's suitability to hold a Minor Gaming Permit.

## F. Beneficiary of the Game

### \*Applicable for not-for-profit organisations

Is there one or more not-for-profit organisation to benefit from the game?  Yes  No

Provide the details of **EVERY** not-for-profit organisation to benefit from the game:  
(add a separate list if necessary)

Name of the not-for-profit organisation	Name of contact person in the not-for-profit organisation	Their role in that organisation	Contact number	Letter of permission/acknowledgement attached to this application
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### \*Applicable for charitable purposes

Is there one or more charitable purpose to benefit from the game?  Yes  No

Provide the details of **EVERY** charitable purpose to benefit from the game:  
(add a separate list if necessary)

Name of the charitable purpose	Name of contact person for the charitable purpose	Their role in that organisation	Contact number	Letter of permission/acknowledgement attached to this application
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**\*Applicable for all applicants**

How will the proceeds be used to benefit the charitable purpose?

How will the proceeds be distributed between each of the not-for-profit organisation/charitable purpose (describe in allocation by % eg. 50% goes to..., 25% goes to...)

How will the proceeds be distributed to the not-for-profit organisation or charitable purpose (e.g. bank transfer etc.)

## Lucky Envelope Specific Questions

### G. About Lucky Envelope Tickets

How long do you want this permit:

Up to 12 months

Up to 5 years

Specify the period the permit is required - only if less than 5 years

What date do you intend to start selling the lucky envelope tickets?

What is the location where the lucky envelope tickets will be sold from (premises name and address)

When will the lucky envelope tickets be available for sale - what times/days

Is this location owned or managed by you (the applicant)?

Yes  No

If this location is NOT owned or managed by you, provide the details of EVERY location where the lucky envelope tickets will be sold from:  
(add a separate list if necessary)

Name of venue	Name of the Person approving the sale of tickets at the location	Their role at the venue	Contact number

How will you ensure adequate oversight of the sale of lucky envelope tickets at this/these venue/s?

How will the lucky envelope tickets be sold (e.g. from a dispenser, over the counter by staff)?

**If Dispensers are to be used:**

How many dispensers will be used, and where on the premises will they be located?

How will you ensure that every dispenser is always in close and constant supervision during which tickets are available for sale?

Do the lucky envelope tickets offer a liquor prize?

Yes  No

If **YES**, provide the details of EVERY location where the lucky envelope tickets with a liquor prize will be sold from:

*(add a separate list if necessary)*

Name of venue	Licence/permit number	Licensee name	Contact number	Has the licensee provided their permission to sell lucky envelopes?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

How will you ensure the lucky envelope tickets are only sold during authorised times that apply to the liquor licence/permit?

## H. Authorisation and signature

I acknowledge that it is an offence under the [Gaming Control Act 1993](#) to give false or misleading information in relation to an application for a Minor Gaming Permit. I certify that the particulars contained in the completed application form are true and correct in every detail and fully disclose the information required to complete this application.

By submitting this application and providing my email address, I consent to information being given by means of electronic communication as defined by the *Electronic Transactions Act 2000 (Tasmania)*

### If the applicant is a legal entity:

I, \_\_\_\_\_ am duly authorised to make this application on behalf of  
(name of contact person)

\_\_\_\_\_  
(name of the legal entity)

Full name

Position

Signature  
(must be signed by hand)

Date

### If the applicant is an individual:

Full name of applicant

Signature  
(must be signed by hand)

Date

### Personal Information Protection Statement

Personal information is collected by the Tasmanian Liquor and Gaming Commission and the Commissioner for Licensing and used for the purpose of managing, assessing, advising upon, and determining the relevant application. It may be used for other purposes as permitted by the *Gaming Control Act 1990*, the *Liquor Licensing Act 1990* and relevant Regulations. Failure to provide the information required may result in an application not being able to be processed, or a service not being able to be provided.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Liquor and Gaming Branch, the Tasmanian Liquor and Gaming Commission, law enforcement agencies, debt collection and other finance agencies for the purposes of conducting a credit check, courts and other organisations authorised to collect it.

The *Personal Information Protection Act 2004* governs the collection, use and disclosure of personal information. The Department of Treasury and Finance is the custodian of personal information it collects. Further information about Treasury's Personal Information Protection Policy is available at [www.treasury.tas.gov.au/pip](http://www.treasury.tas.gov.au/pip).