



GAMING AND WAGERING COMMISSION ACT 1987

APPLICATION FOR CERTIFICATE OF LOCAL GOVERNMENT

SECTION 55

To: City of Gosnells
PO Box 662
GOSNELLS WA 6990

I, _____ (Full Name)
of _____ (Residential Address)

Phone Number _____
Email Address _____
Being the _____ (Position Held)

Hereby apply for a Certificate under Section 55 of the Gaming and Wagering Commission Act 1987.

Details of Premise subject to the Gaming Application:

Name of Premise _____
Address of Premise: _____

Type of Gaming Activity: _____

Purpose of Activity: _____

What trading hours are sought:

Monday _____ am/pm to _____ am/pm
Tuesday _____ am/pm to _____ am/pm
Wednesday _____ am/pm to _____ am/pm
Thursday _____ am/pm to _____ am/pm
Friday _____ am/pm to _____ am/pm
Saturday _____ am/pm to _____ am/pm
Sunday _____ am/pm to _____ am/pm

Is the premises approved to sell alcohol Yes / No
Will food be provided from the premise Yes / No

Dated this _____ day of _____

Signature of Applicant
For and on behalf of the above Premise

Note: • A \$110.00 fee payable to the City of Gosnells is applicable to this application

OFFICE USE ONLY			
DATE	RECEIPT NO.	AMOUNT PAID	CASHIERS I.D.