



HURUNUI

District Council

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GAMBLING ACT 2003

TERRITORIAL AUTHORITY CONSENT

CLASS 4 & TAB GAMBLING VENUE LICENCE

1. Details of Applicant(s):

Full Name: _____

Postal Address: _____

Contact telephone number: _____

2. Premises Details:

Trading Name of Premises: _____

Address of premises: _____

Names of Management staff:

Name :		Position:
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_____	-	_____
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Type of Liquor licence(s) held by premises: _____

Designation of premises (tick the appropriate box):

Restricted Supervised Undesignated

3. Details of the gambling area and activity:

Location: _____

Number of gaming machines: _____

Is signage (prohibiting under 18 year olds) clearly displayed: YES / NO

If Yes – please provide details & location of signage: _____

Is the gaming area segregated from other areas in the premises: YES / NO

If Yes – please provide details of segregation _____

Note: A detailed site plan including the location of electronic gaming machines must accompany the application detailing the above.

Please provide a statement how the risks of problem gambling and underage gambling are minimised at the premises:

Signature of Applicant: _____

Dated: _____