



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:

_____ - _____

_____ - _____

_____ - _____

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: _____

Note: Please complete the application form and return it to:

**Leia Manewell , Food & Health Standards (2006) Limited, PO BOX 7469,
Christchurch.**

Ph : 033651667

The appropriate fee of \$150 must accompany the application form.