

CITY OF SWAN
APPLICATION FOR A SECTION 55 CERTIFICATE
GAMING LICENCE



**To: Chief Executive Officer
 City of Swan
 PO Box 196
 MIDLAND WA 6936
 Attention: Health Services**

APPLICANT DETAILS	
Applicant's Name:	
Postal Address:	
Suburb:	Post Code:
Daytime Phone:	Fax No:
Mobile:	Email:

Name of Premises:		
Address of Premises:		
Type of Premises:		
The proposed activities and area for which the application is sought:		
Number of patrons to be accommodated:	Size of licensed area:	m ²
No. of existing public toilets:	<i>Male :</i>	<i>Female :</i>

FURTHER INFORMATION TO BE SUBMITTED:

<ol style="list-style-type: none"> 1. A scaled floor / site plan showing the area in which licence is sought. 2. A copy of the completed gaming licence application form.
Applicant's Signature: X Date

APPLICATION FEE: \$114.00

PAYMENT OPTIONS

Pay in Person
 At City of Swan Council Office, cnr Morrison Rd & Great Northern Hwy between hours 8:00am - 4:30pm Monday to Friday

Pay by Mail
 Send form together with your cheque or money order. Or if paying by credit card complete the section provided on the right. Send to Council office at above address.

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD																			
Name as shown on Card																			
Card Holder Address																			
.....Signature																			
<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa																	
Amount \$ _____		Expiry Date ____/____																	
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