

APPLICATION FOR ADULT ENTERTAINMENT PERMIT

Office Use Only

Date received

Receipt No

Amount received

Instructions

Please complete in **BLOCK** letters. Attach extra pages if needed. If you need help completing this form, visit our website www.olgr.qld.gov.au or contact the Office of Liquor, Gaming and Racing on 13 13 04.

Privacy Statement – Please read

The Department is collecting information, including personal information, for the purposes of the *Liquor Act 1992*. In accordance with the legislation, some personal information may be passed to the Queensland Police Service to assist with criminal history searches, and business information is placed on a register that may be inspected by the public. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

Warning: False or misleading statements will attract a maximum penalty of 100 penalty units or 6 months imprisonment and may lead to immediate cancellation of licence.

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Fees:

To find out the current application fee go to www.olgr.qld.gov.au

Section 1 Venue details

Street address

Locality/Suburb State Postcode

Phone Fax

Email.....

Section 2 Licence or permit details

Liquor licence number

Permit number

Section 3 Licence or permit holder

Full name of licence or permit holder

.....

Section 4 Contact person details

Name

Phone Fax

Mobile E-mail

Section 5
Solicitor or agent details

Do you have a solicitor or agent acting on your behalf in this application?

Yes – Please provide **details of your solicitor or agent** below. Note – the Office of Liquor, Gaming and Racing will only contact your solicitor or agent.

No – Please advise **your** contact address during the course of this application:

Name

Postal address

Locality/Suburb State Postcode

Phone Fax

Mobile Email

Section 6
Annual or one-off permit

Are you applying for an annual or one-off permit?

Annual – **Go to Section 7.**

One-off – **Go to Section 8.**

Section 7
Regular days and hours for permit

What regular days and hours do you want the permit for?

DAY(S)	HOURS
Examples only Monday Thursday to Saturday	8pm to 1am 9pm to 3am

Go to Section 9

Section 8
Days, dates and times for the permit

Days, dates and times for the permit:

DAY	DATE	TIME
Examples only Wednesday	27 July 2005	9pm to 3am

Section 9
Trading conditions

Please tick here to indicate you have read and understood the standard conditions imposed on all Adult Entertainment Permits

Go to Section 10

Section 10
Management Plan

Have you attached a management plan?

Yes - **Go to Section 11**

No - **This application cannot be finalised until a management plan is lodged.**

Section 11
Financial structure of the business

- Financing of the business?
- A. Own money – **Go to Section 12**
 - B. Recognised financial institution.
 - C. Other

D. FINANCIAL INSTITUTION	E. AMOUNT OWING	F. CHARGE OVER BUSINESS (SECURED MORTGAGE, BILL OF SALE)

Section 12
Personal details schedules

A. FULL NAME	B. POSITION (LICENSEE, DIRECTOR, PARTNER, OFFICE BEARERS)	C.

Section 13
Controllers

A. FULL NAME	B.

Section 14
Associates of the licensee

A. ASSOCIATE NAME	B. RELATIONSHIP TO LICENSEE	C. CURRENT RESIDENTIAL ADDRESS	D. DATE OF BIRTH	E. PLACE OF BIRTH

Section 15 Company or club	<p>Is the applicant a company or a club?</p> <p><input type="checkbox"/> No – Go to Section 17</p> <p><input type="checkbox"/> Yes – Go to Section 16</p>
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Section 16 Financial administrator details and statement	<p>Name</p> <p>Address</p> <p>Locality/Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone Fax</p> <p>Mobile Email</p> <p>I certify that (name of company or club)</p> <p>complies with the requirements of the (tick as applicable):</p> <p><input type="checkbox"/> Corporations Law</p> <p><input type="checkbox"/> <i>Associations Incorporations Act 1981</i></p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p> <p>Position</p>
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Section 17 Declaration	<p>I declare that:</p> <p><input type="checkbox"/> All questions have been answered as instructed.</p> <p><input type="checkbox"/> All associates of the business have been identified.</p> <p><input type="checkbox"/> Personal Details Schedule form (Form 33) are attached for the applicant and controllers as required.</p> <p><input type="checkbox"/> A management plan has been prepared in accordance with Section 11 and is attached.</p> <p>Name</p> <p>Position</p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p>
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Lodgement details	<p>Please lodge the completed application, any supporting documentation and fees at the Office of Liquor, Gaming and Racing at the address below or any Office of Liquor, Gaming and Racing office at Gold Coast (Southport), Sunshine Coast (Maroochydore), Toowoomba, Wide Bay, Rockhampton, Mackay, Mt Isa, Townsville or Cairns. The counter is open Monday to Friday, 8:30am to 4:30pm.</p> <p>By mail: Locked Bag 180, City East Q 4002</p> <p>In person: Office of Liquor, Gaming and Racing, Level 4, 33 Charlotte Street, Brisbane Qld 4000 or your nearest regional office</p>
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Payment details

Payment Type:

- Money Order
- Cheque – *Make cheque payable to Office of Liquor, Gaming and Racing*
- Credit Card – Charge my:

Mastercard VISA

Credit Card No.

Cardholder's Name:

Amount Authorised: \$ Expiry Date:

Signature:

A receipt will not be issued unless specifically requested.