

APPLICATION FOR CHANGE OF CONTROLLERS FOR ADULT ENTERTAINMENT PERMIT

Please note that Section 109B(2) of the Liquor Act 1992, states that *"the nomination of a person by a licensee or permittee as a controller has no effect until it is authorised by signed written notice from the chief executive to the licensee or permittee"*

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
Licensee/
applicant
details**

Licensee/applicant name.....
.....

**Section 2
Liquor licence
number**

Liquor licence number

Adult Entertainment Permit number

Expiry date / /

D D M M Y Y Y Y

**Section 3
Premises
details**

Name of premises

Address of premises.....

Locality/Suburb State Postcode

**Section 4
Daytime
contact
details**

Name

Phone..... Fax.....

Mobile..... Email.....

**Section 5
Controllers to
be removed
from permit**

Please advise of the full names of any controllers to be removed from the permit

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Section 6
Proposed
additional
controllers

* Additional
controllers must
complete Form 33
Adult Entertainment
Permit Personal
Details Schedule.

Please list proposed additional controllers*

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Section 7
Signature of
applicant

I acknowledge that the proposed controllers cannot be employed in that capacity until such time as written confirmation of their approval has been received from the chief executive.

I declare that:

- all information contained in this form is true and correct
- a Personal Details Schedule (Form 33) is attached for each individual controller listed in Section 6.

Name

Signature

Date / /

D D M M Y Y Y Y

Lodgement
details

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.

By mail: Locked Bag 180, City East Q 4002
In person: Office of Liquor, Gaming and Racing, Level 4, 33 Charlotte Street, Brisbane Qld 4000
or your nearest regional office

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.