APPLICATION FOR SECTION 55

Gaming and Wagering Commission Act 1987



| APPLICANT/S DETA | ILS: | | |
|------------------------------|--|----------------|-------------------------------------|
| Applicant/s Name: | | | |
| Postal Address: | | | |
| Suburb: | | Post Code: | |
| Phone: | | Email: | |
| PREMISES DETAILS: | | | |
| Premises Name: | | | |
| Premises Address: | | | |
| Phone: | | Email: | |
| LAND OWNER/S DE | TAILS: (only necessary i | f applicant do | oes not own land referred to above) |
| Land Owner Name: | | | |
| Postal Address: | | | |
| Suburb: | | Post Code: | |
| Phone: | | Email: | |
| Applicant Signature: | | | |
| health-services application. | /environmental-health-fo | | ses and submit form with your |
| Post: PO Box | plication: unbury.wa.gov.au 21, BUNBURY WA 6231 nen Street, Bunbury | | |

NB Please allow up to 10 business days to process