

Notification of intention to cease bingo sessions

FEBRUARY 2022

This package contains the information and form to notify of the intention to cease bingo sessions.

How to notify

Send notification to:

Victorian Gambling and Casino Control Commission
GPO Box 1988
Melbourne Vic 3001

or lodge in person at:

Level 3, 12 Shelley Street Richmond VIC 3121

Need help?

For more information:

- visit the Victorian Gambling and Casino Control Commission website at vgccc.vic.gov.au
- telephone the VGCCC on 1300 182 457
- email the VGCCC at contact@vgccc.vic.gov.au

Strictly Confidential

Notification of intention to cease bingo sessions

OFFICE USE ONLY

Allocation date: / /

Associated entity No: _____

Assigned to: _____

IMPORTANT INFORMATION

Notification of intention to cease conducting bingo sessions

If a community or charitable organisation intends to cease conducting bingo, whether permanently or for a period of three months or more, the Victorian Gambling and Casino Control Commission (the VGCCC) must be notified in writing within seven days of ceasing to conduct bingo sessions. Where sessions of bingo are conducted on behalf of a community or charitable organisation by a bingo centre operator, the bingo centre operator is responsible for notifying the VGCCC.

False or misleading information

It is an offence under the Gambling Regulation Act 2003 (the Act) to give information that is false or misleading. If you give false or misleading information, you may be prosecuted and fined up to 60 penalty units. The current value of a penalty unit can be obtained at vcglr.vic.gov.au/fees-fines.

Note: There is **no** fee payable to notify the VGCCC of the intention to cease conducting bingo sessions.

1. Full name of the community or charitable organisation:

Bingo centre operator's licence number (if applicable):

Notice number:

Venue name:

Venue address:

 Postcode

2 (a) Does the above community or charitable organisation intend to cease conducting bingo sessions on a permanent basis?

☐ YES ☐ NO

If **NO**, proceed to Q2(b). If **YES**, please confirm the final date that bingo will be conducted below:

 / /

day/mth/year

(b) Does the above community or charitable organisation intend to cease conducting bingo sessions on a temporary basis?

☐ YES ☐ NO

If **YES**, please confirm the dates between which bingo will not be conducted below:

From: / / to: / /

Details of nominee/bingo centre operator

3. First name:

Middle name(s):

Surname:

Daytime telephone number:

Mobile telephone number:

Email address:

Declaration of nominee/bingo centre operator

On behalf of the board of directors/committee of management of the above community or charitable organisation, I the nominee/ bingo centre operator declare that the contents of this notification are true and correct.

Signature:

Signature of nominee

Date:

 / /

Signature of witness:*

Signature of witness

Name of witness:

* Signature of nominee of community or charitable organisation or of nominee of bingo centre operator

** Any adult can be a witness

Victorian Gambling
and Casino Control
Commission

ABN 56 832 742 797

BNICBS 20220209

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