

GAMING MACHINE ACT 2004



APPLICATION FOR INITIAL LICENCE HOTEL/TAVERN

Applicant must have held a general or on liquor licence for a continuous period of 1 year before the day of this application. If insufficient space is available for responses please attach additional information.

SECTION 1

DETAILS OF APPLICANT

(a) "Corporate Applicant"

Name of Corporation		Registered Office/Address	
<i>(Please provide copy of Certificate of Incorporation)</i>			
Contact Person	Phone	Facsimile	

(b) "Partnership or Sole Proprietor Applicant"

Name of each Person	Address		
Contact Person	Phone	Facsimile	

SECTION 2

DETAILS OF PROPOSED PREMISES

Trading Name	Business/Premises Address	Block	Section
<i>(Please provide copy of Certificate of Business Name Registration)</i>			
Contact Person	Phone	Facsimile	

SECTION 3

CORPORATE APPLICANT TO PROVIDE DETAILS OF EACH DIRECTOR

Name	Date of birth	Address	Position on Board

SECTION 4 DETAILS OF RELEVANT INFLUENTIAL PERSONS (as defined under s.7 of the Act)			
Name	Date of birth	Address	Relationship to Applicant

SECTION 5 DOCUMENTS & INFORMATION THAT MUST ACCOMPANY THIS APPLICATION	
Document/Information required	Gaming Machine Act/Regulation Reference
Social Impact Assessment	s.11(2)(a); Division 2.3: Reg. Part 3
Scale plans of the premises, must show proposed gaming area	s.11(2)(b); 13(1)(b)
Rules that the licensee has adopted to control the operation of gaming machines on the licensed premises	s.11(2)(c); 13(1)(a)
The control procedures the applicant has adopted to control the operation of gaming machines	s.11(2)(d); 97
Details of the class, number, type, coin denomination and percentage payout of gaming machines in relation to which the licence is sought	s.11(1)(e)
Criminal history checks (including fingerprint checks) from the Australian Federal Police covering a period of at least the last five years from each director, executive officer and influential person (where a person has been domiciled overseas for any length of time during the last 5 years that person will also need to provide a criminal history check from the national law enforcement agency of the nation in which the person was domiciled)	s.12(2)(a); 20, 21
Audited financial statements for the applicant for the previous 3 financial years	Reg. 6(2)
Contractual arrangements (including proposed arrangements) relating to the proposed premises (eg. a lease)	Reg. 6(2)
Expected revenue and expenditure for the next 3 years	Reg. 6(2)
Declaration that the premises are used primarily for the consumption of alcohol (on licence only)	s.13(1)(d)
General licensees seeking more than two (2) class "B" gaming machines must provide evidence of a minimum of 12 rooms of accommodation	s.16
Evidence of date and issue of liquor licence	s. 20(2)(a)(ii); 21(1)(c)
Completed Statutory Declaration forms (included as part of this form) for each director, executive officer of influential person of the Club.	s.20(1), (3)
Declaration (if a corporate applicant) that the corporation is not and has not been the subject of a winding-up order or had a controller or administrator appointed in the last 3 years	s.21(1)(d)&(e)

SECTION 6	
TO BE COMPLETED BY THE APPLICANT	
I,.....on behalf of thedo hereby	
(Print full name)	(Name of Premises)
apply for a Gaming Machine Licence. I hereby declare that the information on this application form and the accompanying documentation is true and correct.	
Signed.....Date.....	
(Affix Common Seal)	

THIS SECTION FOR OFFICE USE ONLY – GAMING SECTION

APPLICATION FEE PAID	YES	NO
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STATUTORY DECLARATION

in relation to an
Eligible Person under the *Gaming Machine Act 2004*

I, (Name) _____

(Address) of _____

_____ Post Code _____

(Occupation) being a _____

Pursuant to the *Gaming Machine Act 2004* of the Australian Capital Territory, solemnly and sincerely declare that the information provided in this declaration is true in every particular.

Date of Birth: _____

Place of Birth: _____

Citizenship Status: _____ If not born in Australia, proof of citizenship must be provided. (eg, naturalisation certificate, passport or certificate as evidence of residence)

Details of convictions or findings of guilt for any offences within the previous 5 years : (If none print NIL) _____

Details of any bankruptcy or any payment arrangement with creditors at any time within the previous 5 years: (If none print NIL) _____

Details of any corporation in which you were involved in the management of (at any time within the previous 5 years) where the corporation became the subject of a winding-up order or a controller or administrator was appointed (If none print NIL): _____

I, make this solemn declaration by virtue of the *Statutory Declarations Act 1959* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believe the statements contained in this declaration to be true in every particular.

Signature of Applicant

Declared at (place) _____ on (date) _____ 20____

before me,

Signature of Witness

Title of Witness
(Witness must be an approved person under the
Statutory Declarations Act 1959)

NOTE: A person who intentionally makes a false statement in a statutory declaration under the *Statutory Declarations Act 1959* is guilty of an offence under that Act, the maximum penalty for which is imprisonment for a term not exceeding four years.

IMPORTANT INFORMATION

The prescribed fee must accompany this application. Please note that once an application is submitted to the ACT Gambling and Racing Commission the application fee is non-refundable.

The prescribed fee is available on the Commission’s web site at:

www.gamblingandracing.act.gov.au

Alternatively, you can contact the Commission on 6207 0359 for more information.

Post application to:

ACT Gambling and Racing Commission PO Box 214 CIVIC SQUARE ACT 2608

Please indicate by ticking the appropriate box which of the following will be the method of payment:

- money order or cheque made payable to the ACT Gambling and Racing Commission; or
- credit card (Visa or Master Card). Please complete the required details in the area provided below.

PAYMENT BY CREDIT CARD

Card type Master Card Visa Amount \$ (maximum of \$3,000.00)

Card Number Expiry Date:/.....

Name on Card: Signature:

THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION

Payment

Processed by: Date:/...../..... Receipt Number:
(Authorised Officer)