

**APPLICATION FOR AUTHORISATION TO OPERATE A  
LINKED-JACKPOT ARRANGEMENT**

SECTION 1		DETAILS OF APPLICANT			
Name of Licensee					
Trading Name				Licence No.	
Venue Address					
Postal Address					
Contact Name				Phone	
Contact Details	Fax		Email		

SECTION 2		DETAILS OF SUPPLIER			
Name of Supplier					
Postal Address					
Contact Name				Phone	
Contact Details	Fax		Email		

SECTION 3		FEES PAYABLE	
Total Remittance Due	\$	For payment options see last page.	

SECTION 4		DECLARATION	
I,	_____	of	_____
	<i>(print full name)</i>		<i>(name of licensee)</i>
do hereby declare that the information on this application form and accompanying documentation is true and correct and that all financial arrangements have been declared.			
Signature	_____	Position	_____
		Date	_____

This section for office use only – Gaming Regulation Section			
	Y	N	Signature _____ Date _____ Approval Number _____
Application Fee Paid			
Application Approved			
Financial Arrangements Approved			

AF2011-16

2nd Floor Canberra Nara Centre, 1 Constitution Avenue, Canberra City 2601  
PO Box 214 CIVIC SQUARE ACT 2608  
Homepage: <http://www.gamblingandracing.act.gov.au>

SECTION 5		LINK DETAILS	
Licensee Trading Name			
Supplier's Name			
Name of System			
Specification Number		Setting or ID No.	
Type of Link (please tick which type)      Standard/Normal* <input type="checkbox"/> Mystery <input type="checkbox"/>			

\*For Standard/normal links all linked gaming machines must be the same denomination.

Prize Schedule	MAXIMUM JACKPOT \$	RESET AMOUNT \$	RESET AMOUNT %	CONTRIBUTION %	TOTAL %
Top Jackpot					
Second Jackpot					
Third Jackpot					
Fourth Jackpot					
Hidden/Backup					
Total Contribution Percentage					

SECTION 6		FINANCIAL ARRANGEMENTS	
Total Purchase Price (inc. GST).		\$	
A copy of the sales order/invoice must accompany this application.			

**Source of Finance**

1. Cash from licensee's funds	\$
Name of institution where funds are held	
Address of financial institution	

2. Other source	\$
Type of financial agreement*	
Provider of finance	
Address of provider	
Duration of agreement	Years: _____ Months: _____

\*A copy of the financial contract must accompany this application.

Other Details:

\_\_\_\_\_

\_\_\_\_\_

This section for office use only – Gaming Regulation Section			
	Y	N	
Financial Arrangement Approved?			Signature _____ Date _____

**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 website at:

[www.gamblingandracing.act.gov.au](http://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 Mastercard). Please complete the required details in the area provided below

**PAYMENT BY CREDIT CARD**

Card type       Mastercard                       Visa                      Amount      \$.....

Card Number      \_\_\_\_\_

Expiry Date      /      /

Name on Card:.....Signature:.....

**THIS SECTION FOR OFFICE USE ONLY - FINANCE SECTION**

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