

APPLICATION FOR APPROVAL OF A STORAGE PERMIT OR AN EXTENSION OF A STORAGE PERMIT

If insufficient space is available for responses please attach additional information.

Details of Application

A licensee may apply for a storage permit to store one or more gaming machines and the authorisations for the gaming machines (if any).

- A Class C licensee may seek approval to store one or more gaming machines and the authorisations for those gaming machines for a stated period of no longer than 12 months (*General Purpose Permit*); or
- A Class B licensee may seek approval to store one or more gaming machines and the authorisations for those gaming machines, for a good reason (*General Purpose Permit*).
- A licensee may seek approval to store one or more gaming machines that are to be disposed of or destroyed for a period of no longer than three months (*Interim Purpose Permit*);

An Interim Purpose Permit is sought for:

- Class B Gaming Machines
- Class C Gaming Machines

- The holder of a *General Purpose Permit* may seek approval to extend the permit, as long as the term of storage for the said permit has not been in force for three years.

SECTION 1 - Details of Licensee

Name of licensee (enter text)		Licence Number (enter text)
Postal address (enter text)		
Name of authorised premises (enter text)		Certificate Number (enter text)
Address of authorised premises (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text) <i>Approval or rejection of this application will be emailed to <u>one</u> representative of the licensee.</i>		

AF2015-81

SECTION 2A – Details of Storage (Initial Permit applications only)

Will the premises be used to store machines from 2 or more licensees? (enter text)

Please list additional licensees utilising the storage premises.

Type of premises where gaming machines will be stored (enter text)

Address where gaming machines will be stored (enter text)

State proposed commencement date of storage, duration of storage and purpose of storage (enter text)

SECTION 2B – Extension of storage

State proposed duration of storage extension and reason for extension of storage (enter text)

SECTION 3 - Details of Gaming Machines to be stored (copy this page for additional machines)

GAMING MACHINE 1		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 2		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 3		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 4		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 5		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 6		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 7		ID Number*	
Serial Number	Machine Name		

GAMING MACHINE 7		ID Number*	
Serial Number	Machine Name		

*Not applicable for Interim Storage Permit

SECTION 4- To be completed by authorised representative of licensee.

I (print or type full name of licensee representative)

on behalf of the (print or type name of licensee)

do hereby declare that the information on this application form is true and correct.

Signed

Position (print or type position held with licensee)

Date

GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART

AUTHORISED BY

DATE

IMPORTANT INFORMATION

- The prescribed fee must accompany this application.
- Please note that once this 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:
<http://www.gamblingandracing.act.gov.au/gambling/gaming-machines>
- Alternatively, you can contact the Commission on telephone number 02 6207 0359 for more information.
- Mail this completed application to:
ACT Gambling and Racing Commission
PO Box 214
CIVIC SQUARE ACT 2608
Fax: 6207 7390
Email: gaming.operations@act.gov.au

SECTION 5 – Details of Payment.

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 below.

Payment by Credit Card.

Card type – Select one check box below for your card type:

- Master Card; or
- Visa.

Card Number:

Expiry Date:

Amount:

Name on Card:

Signature

FINANCE SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART

Payment

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