

APPLICATION TO EXTEND AN IN-PRINCIPLE AUTHORISATION CERTIFICATE

If insufficient space is available for responses please attach additional information

Information

An approval holder may apply to extend the term of an In-principle Authorisation Certificate.
An In-principle Authorisation Certificate may be extended for up to 12 months.

SECTION 1 - Details of Applicant

Name of applicant (enter text)

Postal address of applicant (enter text)

Name of proposed authorised premises (enter text)

Address of proposed authorised premises (enter text)

Contact Person (enter text)

Telephone (enter text)

Facsimile (enter text)

Email Address (enter text)

Date of Expiry for Current Approval

SECTION 2 - Details of Extension

AF2015-83

SECTION 3 – To be completed by authorised representative of applicant.

I (print or type full name of applicant’s representative)

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

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

Signed

Position (print or type position held with applicant)

Date

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

APPLICATION FEE PAID

YES

NO

AUTHORISED BY

DATE

SECTION 4 – 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 www.gamblingandracing.act.gov.au
- 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)