

NOTIFICATION – SURRENDER OF LICENCE, AUTHORISATION CERTIFICATE OR AUTHORISATIONS
 If insufficient space is available for responses please attach additional information.

Details of Application

A licensee may surrender a licence, authorisation certificate or authorisation.

I wish to:-

- surrender a licence;
 surrender an authorisation certificate;
 surrender authorisations.

***Note:** The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.*

SECTION 1 - Details of Applicant

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)		

SECTION 2 - Details of Disposal (if Interim Storage is not required)

How and to whom gaming machine is to be disposed (enter text)

AF2015-95

SECTION 3- Details of Interim Storage (if storage is required)

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.

SECTION 4 - Details of Gaming Machines to be disposed of or stored

GAMING MACHINE 1		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 2		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 3		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 4		ID Number (if applicable)	
Serial Number	Machine Name		

GAMING MACHINE 5		ID Number (if applicable)	
Serial Number	Machine Name		

SECTION 5 - Documents that must accompany this application.

Surrender of Licence

- Original licence;
- Authorisation certificates relating to the licence;
- Authorisation schedules relating to the licence;
- Evidence that a majority of voting members of the club who voted in a ballot conducted under a regulation voted for the club surrendering the authorisation certificate or that a vote would not be practical.

Please Note: Details of turnover and total win meter readings from all gaming machines and A Monthly Tax Return and funds must be given to the Commission within the prescribed number of days.

Surrender of Authorisation Certificate or Surrender of Authorisations

- Original authorisation certificate;
- Authorisation schedule relating to the authorisation certificate;
- Evidence that a majority of voting members of the club who voted in a ballot conducted under a regulation voted for the club surrendering the authorisation certificate or that a vote would not be practical.

Please Note: Details of turnover and total win meter readings from all gaming machines and A Monthly Tax Return and funds must be given to the Commission within the prescribed number of days.

SECTION 6 – To be completed by authorised representative of licensee.

I (print or type full name of licensee's representative)

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

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

Signed

Position (print or type position held with licensee)

Date

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

NOTIFICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

SECTION 7- Important Information

- The prescribed fee must accompany this notification.
- Please note that once this notification 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 8 - 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 - LICENSEE NOT TO COMPLETE THIS PART

Payment

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