

**NOTIFICATION – SALE OF CLASS B AUTHORISATIONS**

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

**Details of Notification**

To be completed by:

 A class B licensee disposing of one or more authorisations for class B gaming machines to a class C licensee;  
 or

A class B licensee or an applicant for a class B licence who is purchasing the disposing licensee's business.

***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 Disposing Licensee**

Name of class B 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 the Purchaser**

Name of purchasing 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)		

**AF2015-94**

**SECTION 2 - Details of Disposal**

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

**SECTION 3 - Details of Gaming Machines to be disposed**

<b>GAMING MACHINE 1</b>		<b>ID Number (if applicable)</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 2</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 3</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 4</b>		<b>ID Number</b>	
Serial Number	Machine Name		
<b>Serial Number</b>	<b>Machine Name</b>		

<b>GAMING MACHINE 5</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 6</b>		<b>ID Number</b>	
Serial Number	Machine Name		

**SECTION 4 - Documents that must accompany this application.**

- Evidence of destination of gaming machine; and
- Details of turnover and total win meter readings from affected gaming machines.

*Please Note: A Monthly Tax Return and payment of tax funds may be required.*

**SECTION 5 – To be completed by authorised representative of disposing 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

**SECTION 6 – 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](http://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](mailto:gaming.operations@act.gov.au)

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

NOTIFICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

**SECTION 7 – 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)