

GAMING MACHINE ACT 2004



APPLICATION TO CHANGE LICENSED PREMISES

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

SECTION 1

Name of applicant					
Address of applicant					
Contact Name		Contact Phone No.			
Trading name of premises		Licence No.			
Address of premises					
Block		Section		Suburb	

SECTION 2: I WISH TO APPLY TO AMEND THE LICENCE BY (tick to select):

<input type="checkbox"/>	Moving the gaming machines to different premises.	<input type="checkbox"/>	Structurally changing a part of the premises where the licensee is allowed to operate gaming machines.
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Documents Required	Relevant Section of Act	Documents Required	Relevant Section of Act
<input type="checkbox"/> Social Impact Assessment	22(2)(b)	<input type="checkbox"/> Statement setting out the reasons for the amendment.	23(1)(c)
<input type="checkbox"/> Statement setting out the reasons for the amendment (such as lease expired).	23(1)(c)	<input type="checkbox"/> Scale drawings of the premises showing the proposed layout of machines.	39A, 13(1)(b)
<input type="checkbox"/> Evidence that the majority of voting members voted for the amendment.	24(3)(a) Regulations, Part 4		
<input type="checkbox"/> Scale drawings of the premises showing the proposed layout of machines.	24(3)(c)		
<input type="checkbox"/> Audited financial statements for the three previous financial years.	Regulations, section 6(2)		
<input type="checkbox"/> Copies of all contracts or proposed contracts relating to the use of the premises proposed to be licensed.	Regulations, section 6(2)		
<input type="checkbox"/> Licensee's expected revenue and expenditure for the next three years.	Regulations, section 6(3)		

SECTION 3

TO BE COMPLETED BY THE APPLICANT (OR SECRETARY IF A CLUB)

I, on behalf of
 (Print full name) (Name of Applicant Organisation)

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

Signed..... Date.....

THIS SECTION FOR OFFICE USE ONLY – GAMING SECTION

APPLICATION FEE PAID	YES	NO
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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 web site:
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 Master Card). Please complete the required details in the area provided below.**

PAYMENT BY CREDIT CARD

Card type Master Card Visa Amount \$(maximum of \$3,000.00)

Card Number Expiry Date:/.....

Name on Card: Signature:

THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION

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