

GAMING MACHINE ACT 2004



APPLICATION TO INCREASE THE NUMBER OF GAMING MACHINES - CLUB (PART 1)

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

SECTION 1		DETAILS OF APPLICANT	
Name of Licensee			
Name of Premises			
Licence No.			
Address			
Contact Person	Phone	Facsimile	

SECTION 2		MACHINE/MEMBERSHIP INFORMATION			
Number of Current Machines		Number of Additional Machines Requested		Current Membership Numbers	
Class "B"	Class "C"	Class "B"	Class "C"	Voting	Other

SECTION 3			FEES	
See payment options on last page	Total Remittance Due		\$	

SECTION 4		DOCUMENTS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION	
Documents / Information Required	Gaming Machine Act/Regulation Reference		
Social Impact Assessment.	s.18 & s. 22(2)(b); Reg. Part 3		
Statement setting out the reasons for the amendment including justification for extra machines.	s.23(1)(c), 24(3)(b)(iii)		
Evidence that the majority of voting members voted for the amendment.	s.24(3)(a); Reg. Part 4		
Scale plans/drawings of the premises showing the proposed location/layout of machines.	s.24(3)(b)(i)		
The number of club members worked out in accordance with the Regulations.	s.24(3)(b)(iii); Reg.7		
Information on current level of community contributions and expected contributions for the next 3 years.	s.24(3)(b)(iv)		
Audited financial statements for the three previous financial years.	Reg. 6(2)		
Any relevant new contractual arrangements relating to the use of the premises.	Reg. 6(2)		
Licensees expected revenue and expenditure for the next three years.	Reg. 6(2)		
Any other information that supports your application for the extra machines that complies with the provisions of the Act.			

SECTION 5		TO BE COMPLETED BY CLUB SECRETARY	
I,.....on behalf of the	(Name of Applicant Organisation)		
(Print full name)			
do hereby declare that the information on this application form and the accompanying documentation is true and correct.			
Signed.....	Date.....		
(Affix Common Seal)			

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 at:

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)

(PART 2)

GAMING MACHINE FINANCIAL ARRANGEMENTS

This Part of the application form is only to be completed if PART 1 has been submitted and additional gaming machines have been approved by the Commission.

Please note a copy of the proposed contract between the Licensee and Supplier for the purchase of any machines must accompany this form.

Licensee:
Premises Name:
Contact Name:
Supplier's Name:

TOTAL PURCHASE PRICE (inc GST)

\$

SOURCE OF FINANCE

1. Cash from licensee's funds:

\$
Name of institution where funds are held:
Address:

2. Other source: (Provide details of all relevant financial arrangements, including loans, guarantees, delayed payment plans)

Type of financial agreement:

Provider of finance:

Address of provider:

Duration of Agreement:

Type of financial agreement:	
Provider of finance:	
Address of provider:	
Years:	Months:

Other Details:

THIS SECTION FOR OFFICE USE ONLY – GAMING SECTION

APPLICATION APPROVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FINANCIAL ARRANGEMENT APPROVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	APPROVAL NUMBER
SIGNATURE: _____	DATE:/...../.....			_____		

DETAILS OF MACHINES BEING ACQUIRED									
Licensee:									
	Serial No.	Machine Name	Max. Coins	Coin Value	% Return	Var. No.	TICKET YES/NO	LINK (Yes/No) APPROVAL No	LINK % CONTRIBUTION
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									
11)									
12)									
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16)									
17)									
18)									