

## **GAMING MACHINE ACT 2004**

TOT GOVERNMENT

Form made pursuant to Gambling and Racing Control Act 1999, s 53D

## APPLICATION FOR MULTI-USER PERMIT TO OPERATE A LINKED JACKPOT ARRANGEMENT

SECTION 1	DETAILS OF API	PLICANT					
Name of Applicant							
Trading Name							ABN
Street Address							
Postal Address							
Contact Person/s		Phone		Facsimile	Email		
SECTION 2	DETAILS OF EAC						
Name		Date of Birth	Add	lress			Position on Board
SECTION 3					ned under section 7 o	of the Act)	
Name		Date of Birth	Add	lress			Relationship to Applicant

SECTION 4 DETAILS OF PROPOSED LINKED LICENSEES								
Licensee Name		Licence No.	Address of Premises					
SECTION 5	DOCUMENTS AND INFORM	ATION THAT MUS	T ACCOMPANY THIS APPLICA					
Document/Informat	ion required			Gaming Machine Act/Regulation Reference				
Non-club Applicants								
least the last five years a domiciled overseas for history check from the	from each director, executive of any length of time during the last	ficer and influential st 5 years that perso	Federal Police covering a period person (where a person has been will also need to provide a crimhich the person was domiciled).	1 2(2)(2): 20, 21				
	eclaration from each director, ex ww.legislation.act.gov.au/af/20		nfluential person of the organisati	on. s 20(1), (3)				
Copies of all contracts i including but not limite - link service fee;	n relation to the proposed arrand d to;		oplicant and proposed linked licer	s 135(3)(b)(d) Reg 57 Reg 59				
<ul><li>maximum potential lir</li><li>consent from licensee;</li><li>collection of linked jag</li></ul>	and ckpot contributions.			s 135(3)(b) Reg 60				
which the permit is sour relate – <b>refer section 10</b>	ght. A separate schedule is required of this form.	ired for prospective	ut of gaming machines in relation linked licensee to which the perr					
Particulars of Multi-Use	s 135(2)							
	or invoice from supplier relating Multi-user Linked Jackpot Arr		link equipment.	Reg 61(1) Reg 61(1)				
	st account and details of signato		9 of this form.	Reg 56				
A copy of the control prolicensee.	rocedures adopted to control the	operation of gamin	ng machines for each proposed lir					
SECTION 6	FEES PAYABLE (s135 (1) )							
<b>Total Remittance</b>	e Due \$							
SECTION 7	DECLARATION							
т		_	e					
1	(print full name)	0	f	ume of applicant)				
	a Multi-user Linked Jackp		are that the information on nancial arrangements have	this application form and				
Signature								
Position Date/								
		ECTION FOR O	FFICE USE ONLY					
	Yes No							
Application Fee Paid								
<b>Application Approved</b>	SIGNA	ATURE:		Permit Number				
Financial Arrangement Approved	DATE	:		/				
				Expiry Date				

SECTION 7	LINK DETAILS (	s. 135 (3) (d)	)					
Supplier's Name								
Address								
Name of System								
Specification Number								
Identify Type of Link	CCE		Hyper	link	Normal			
(please tick one)								
Prize Details	Maximum Jackpot \$	Reset Amoun	ıt \$	Reset Amount %	Contribution %	TOTAL %		
Top Jackpot								
Second Jackpot								
Third Jackpot								
Fourth Jackpot								
Hidden/Backup		_						
<b>Total Contribution Percentage</b>								
Other Details								
SECTION 9 FINANCIAL P	ADTICULADS (Dec	. (1 (1) )						
Details of the invoice or sale cont	ARTICULARS (Reg		ng any p	proposed order mu	st be attached.			
<b>Total Purchase Price (inc G</b>	_			•	\$			
Source of Finance	,				•			
1. Cash from Licensees's funds:	\$							
Name of institution								
Address								
2. Other Source	\$							
Type of financial agreement*								
Provider of finance								
Address of provider								
Duration of agreement	Years				Months			

<sup>\*</sup>A copy of the financial contract must accompany this application

Lic	Licensee:								Licence No:			
		Serial No	Machine Name	Max. Coins	Coin Value	% Return to player	Var. No.	Ticket Yes / No	Link Approval No.	Link % Contribution		
1	To:											
	From:											
	To:											
2	From:											
2	To:											
3	From:											
	To:											
4	From:											
_	To:											
5	From:											
	To:											
6	From:											
7	To:											
/	From:											
8	From:											
ð	To:											
_	To:											
9	From:											
10	To:											
10	From:											

		IMPORTANT IN	FORMATION	7				
		olication. Please note that ion the application fee is						
The prescribed fee i	s available on the Comm	nission's website at:						
www.gamblingandr	acing.act.gov.au							
Alternatively, you c	an contact the Commissi	ion on 6207 0359 for mo	re information					
Post application to:								
ACT Gambling and PO Box 214 CIVIC SQUARE A	Racing Commission CT 2608							
Please indicate by ti	cking the appropriate bo	x which of the following	g will be the mo	ethod of payment:				
	money order or cheque	made payable to the AC	CT Gambling a	nd Racing Commission; o	or			
credit card (Visa or Mastercard). Please complete the required details in the area provided below.								
		PAYMENT BY C	REDIT CARD					
				Amount				
Card type	Mastercard		Visa	\$	(maximum \$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:				
	(Author	rised Officer)						