

**APPLICATION FOR AUTHORISATION TO OPERATE A  
LINKED-JACKPOT ARRANGEMENT**

SECTION 1		DETAILS OF APPLICANT			
Name of Licensee					
Trading Name				Licence No.	
Venue Address					
Postal Address					
Contact Name					
Contact Details	Phone		Fax		Email

SECTION 2		DETAILS OF SUPPLIER			
Name of Supplier					
Postal Address					
Contact Name					
Contact Details	Phone		Fax		Email

SECTION 3		FEES PAYABLE	
Total Remittance Due	\$		For payment options see last page

SECTION 4		DECLARATION	
I, _____ of _____ <small>(print full name)</small> <small>(name of licensee)</small>			
do hereby declare that the information on this application form and accompanying documentation is true and correct and that all financial arrangements have been declared.			
Signature _____			
Position _____ Date / /			

THIS SECTION FOR OFFICE USE ONLY - GAMING SECTION			
	Yes	No	APPROVAL NUMBER  _____
Application Fee Paid	<input type="checkbox"/>	<input type="checkbox"/>	
Application Approved	<input type="checkbox"/>	<input type="checkbox"/> SIGNATURE: _____	
Financial Arrangement Approved	<input type="checkbox"/>	<input type="checkbox"/> DATE: _____	

AF2009 -186

2nd Floor Canberra Nara Centre, 1 Constitution Avenue, Canberra City 2601  
PO Box 214 CIVIC SQUARE ACT 2608  
Homepage: <http://www.gamblingandracing.act.gov.au>

SECTION 5		LINK DETAILS	
Trading Name			
Supplier's Name			
Address			
Name of System			
Specification Number		Setting or ID No.	

Prize Schedule	MAXIMUM JACKPOT \$	RESET AMOUNT \$	RESET AMOUNT %	CONTRIBUTION %	TOTAL %
Top Jackpot					
Second Jackpot					
Third Jackpot					
Fourth Jackpot					
Hidden/Backup					
Total Contribution Percentage					

SECTION 6	FINANCIAL ARRANGEMENTS
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Details of the proposed contract for acquisition (including any proposed order) must be attached.

Total Purchase Price (inc GST)

\$	
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Source of Finance

1. Cash from licensee's funds:

\$	
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Name of institution where funds are held:

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Address:

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2. Other source:

\$	
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Type of financial agreement:\*

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Provider of finance:

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Address of provider:

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Duration of Agreement:

Years:	Months:
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*\*A copy of the financial contract must accompany this application.*

Other Details:

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THIS SECTION FOR OFFICE USE ONLY - GAMING SECTION	
Y    N	
Financial Arrangement Approved	Signature: _____ Date: _____

**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 website at:

[www.gamblingandracing.act.gov.au](http://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 Mastercard). Please complete the required details in the area provided below.

**PAYMENT BY CREDIT CARD**

Card type       Mastercard       Visa      Amount \$.....  
*(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:.....  
(Authorised Officer)