Please print in block letters. If there is insufficient space, attach extra sheets. All questions must be answered and full particulars provided.

Once schedule is complete please forward it to the following:

Director-General of Licensing

GPO Box 1154

Darwin NT 0801

Facsimile: (08) 8999 7498

For any enquiries relating to this application please contact Licensing, Regulation and Alcohol Strategy (08) 8999 1800

| **Schedule of Gaming Machines** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gaming Machine  Licence No | | Licensed Premises Name | | | Number of Machines Approved | | | Number of Machines Operational | | Licensed Monitoring Operator |
|  | |  | | |  | | |  | |  |
| Machine ID No | Serial  No. | | Game Name | Betting Unit  (eg. 2c) | | % Return | Manufacturer | | Legal Owner  Yes/No | Leased from (if not legal owner) |
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