# *Gaming Machine Act*

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

Once this application form is complete, it must be lodged at a Territory Business Centre with the **prescribed fee,** if applicable. For any enquiries relating to this application please contact Licensing NT on (08) 8999 1800.

| **Gaming Machine Applications for Licensees** |
| --- |
| Select the application type(s) and complete relevant part(s): |
| [ ]  | **Modification of Gaming Machine Areas** – Move or relocate gaming machine(s) including changing one gaming machine position with another i.e. GM1 and GM9 swap positions.Modify or relocate the gaming machine area of the licensee’s licensed premises.  | Part 1 |
| [ ]  | **Alteration of Gaming Machine**  – Change of game, upgrade to game version, change of RTP, change of gaming token denomination, change of betting unit e.g. 1c to 2c and installation of note acceptor. ***This part only of the application attracts the prescribed fee, refer to schedule of fees.*** | Part 2 |
| [ ]  | **Linked Jackpots**  – Installation or cessation of a linked jackpot | Part 3 |
| [ ]  | **Acquisition** –Procuring a gaming machine | Part 4 |
| [ ]  | **Disposal** – Disposing of a gaming machine (includes storage, destruction and trade-in) | Part 5 |
| [ ]  | **Temporary Disconnection** – Temporarily disconnect machine/s | Part 6 |

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| **Application Details** |
| **Gaming Licence details** |
| Gaming Machine Licence Number | GM |
| Name of Licensee |  |
| Name of Licensed Premises |  |
| Number of Machines on site |  |
| Email |  |
| Application Contact Person |  |
| Telephone |  | Facsimile |  |
| Mobile |  | Email |  |
| **Licensee Details** |
| If the licensee is: |
| A Natural Person [ ]  |
| Full name |  |
| Signature |  | Date |  |
| If the licensee is: |
| A Body Corporate [ ]  |
| Executed under the common seal of |  |
| Full name |  |
| Signature of Authorised Executive Officer |  | Date |  |
| Full name |  |
| Signature of Authorised Executive Officer |  | Date |  |
| Note: Any applicant licensee incorporated under the *Associations Act* may be subject to an audit to confirm compliance with that Act. |
| **Part 1 – Modification of Gaming Machine Areas** |
| Note:*Gaming machine area* means a location on licensed premises where a licensee is permitted to install a gaming machine. All gaming machines must be identified on the plan by House Number and Serial Number/Government Plate ID Number. |
| Please attach:1. current plan showing positioning of machines before movements; and
2. new plan showing intended positioning of machines after movements; or
3. current plan of approved gaming area; and
4. new plan showing intended modification/location of proposed area.
 |
| List machines to be moved by House Number, Game Name, etc. |
| House No From | House No To | Game Name | Government Plate ID Number | Manufacturer’s Serial Number |
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| **This application must be accompanied by the following signed and witnessed Statutory Declaration under section 43 of the *Gaming Machine Act*.**  |
| **Statutory Declaration under s43** |
| **1) Insert name & address of person making the declaration** |
| I, (1) |  |
| of |  |
| **(2) Here to insert the matter declared to either directly following the word “declare” or, if the matter is lengthy, insert the words “as follows” and thereafter set out the matter in numbered paragraphs.** |
| do solemnly and sincerely declare (2): |  |
| (a) the proposed locations referred to in the new plan are within the premises to which the licensee's liquor licence relates; and (b) the gaming machines installed in the locations will allow: (i) proper cleaning and maintenance of the gaming machines; (ii) unrestricted access to fire exits in a way that complies with the *Fire and Emergency Act*, the *Building Act* and the Regulations made under those Acts; and (iii) the proper use of things provided on the premises for safety and security. |
| I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* and conscientiously believing the statements contained in this declaration and accompanying application to be true in every particular. |
| Declared at |  | the |  | day of |  | 20 |  |
| **(3) Signature of the person making the declaration** |
| Signature (3) |  |
| **(4) Signature of person before whom the declaration is made** |
| Signature (4) |  |
| Before me |
| **(5) Full contact details of person before whom the declaration is made, legibly written, typed or stamped** |
| Name (5) |  |
| Address |  |
| Phone no |  |
| **Note: This declaration may be made before any person who has attained the age of (18) eighteen years.****A person wilfully making a false statement in a statutory declaration is liable to a fine or imprisonment.** |
| **Part 2 – Alteration of Gaming Machine** |
| Please attach:1. copy of the Manufacturer’s Order form must be included with the application (if applicable)
 |
| **List machines to be altered:** |
| Govt Plate ID Number | Manufacturer’s Serial Number | Game Name | Description of Alteration |
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| **Part 3 – Linked Jackpot** |
| Please attach:1. copy of purchase order or rental agreement (if applicable); and
2. copy of finance document (with an Approved Financial Provider) and any lease/sales agreement (if applicable)
 |
| Installation of a linked jackpot  | [ ]  |
| Cessation of a linked jackpot | [ ]  |
| Name of Jackpot System: |  |
| If applicable, specify where accumulated jackpot monies are to be applied: |  |
| **Identify machines linked to the and cessation of jackpot:** |
| House Number | Game Name | Government Plate ID Number | Manufacturer’s Serial Number |
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| This application must be accompanied with the following signed and witnessed Statutory Declaration when applying to install or modify a Jackpot System. |
| **Statutory Declaration for Linked Jackpots** |
| **(1) Insert name & address of person making the declaration** |
| I, (1) |  |
| of |  |
| **(2) Here to insert the matter declared to either directly following the word “declare” or, if the matter is lengthy, insert the words “as follows” and thereafter set out the matter in numbered paragraphs.** |
| do solemnly and sincerely declare (2): |  |
| 1. I have examined the
 |  |
| Linked jackpot and the proper use of things provided on the premises for safety and security;1. I understand the financial implications associated with the deployment of the linked jackpot and I will ensure that sufficient funds will be available to pay linked jackpot prizes.
 |
| I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* and conscientiously believing the statements contained in this declaration and accompanying application to be true in every particular. |
| Declared at |  | the |  | day of |  | 20 |  |
| **(3) Signature of the person making the declaration** |
| Signature (3) |  |
| **(4) Signature of person before whom the declaration is made** |
| Signature (4) |  |
| Before me |
| **(5) Full contact details of person before whom the declaration is made, legibly written, typed or stamped** |
| Name (5) |  |
| Address |  |
| Phone no |  |
| **Note: This declaration may be made before any person who has attained the age of (18) eighteen years.****A person wilfully making a false statement in a statutory declaration is liable to a fine or imprisonment.** |
| **Part 4 – Acquisition** |
| Please attach:1. Manufacturer’s Order form
 |
| Vendors Details |
| Vendor’s Name: |  |
| Contact Name: |  |
| Contact Number: |  |
| Finance and Acquisition Details |
| Name of Financier/Legal Owner: |  |
| Date of purchase: |  |
| Delivery Date: |  |
| Gaming Machine Details |
| Govt Plate ID Number | Serial No | Game Name | Manufacturer | Denom | Cabinet Type L/C/H |
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| **Part 5 – Disposal** |
| Note:1. Where the applicant is not the legal owner of a gaming machine and the gaming machine is not being returned to the legal owner (i.e. an LMP or an approved financier), the legal owner must make application for the disposal of the gaming machine;
2. After removal of its spare parts, the machine must be destroyed in accordance with the LRAS destruction procedures; and
3. Government Plate ID Number for each gaming machine must be returned to LRAS with a copy of this disposal form, within 7 days of the destruction or removal of the machine from the Northern Territory.
 |
| Recipient Name: |  |
| Recipient Address (storage location): |  |
| Recipient Contact Number: |  |
|  |  |  |  | Means of disposal (please tick)Proposed Recipient |
| Govt Plate IDNumber | Manufacturer’s orSupplier’sSerial No | Game | Legal Owner 1 (please circle) | Approved Financier 2 | Manufacturer/Supplier of Gaming Machines 2 | Another Licence 2 | Approved Person 2 | Lic Service Contractor/Lic Repairer of spare parts 3 | Person from another State/Territory | To be destroyed\* | To be stored\* |
|  |  |  | Y | N |  |  |  |  |  |  |  |  |
|  |  |  | Y | N |  |  |  |  |  |  |  |  |
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| **\*Specifics to be provided as an attachment to this application** |
| **Part 4 – Temporary Disconnection** |
| Number of Machines required for temporary disconnection: |  |
| Date & Time of Disconnection: (dd/mm/yyyy @ hh.mm am/pm) |  |
| Date & Time of Reconnection: (dd/mm/yyyy @ hh.mm am/pm) |  |
| Reason for temporary disconnection (E.g. painting, recarpeting etc) |
| House Number | Game Name | Government Plate ID Number | Manufacturer’s Serial Number |
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| **Lodgement options** |
| **Applications must be lodged at a Territory Business Centre at:** |
| **Darwin**Ground Floor, Development House76 The EsplanadeDarwinGPO Box 9800 Darwin NT 0801t: (08) 8982 1700f: (08) 8982 1725Toll free: 1800 193 111e: territory.businesscentre@nt.gov.au | **Katherine**Shop 1, Randazzo Building 18 Katherine TerraceKatherinePO Box 9800Katherine NT 0851t: (08) 8973 8180f: (08) 8973 8188e: territory.businesscentre@nt.gov.au |
| **Tennant Creek**Shop 2, Barkley HouseCnr Davidson and Paterson StreetTennant CreekPO Box 9800Tennant Creek NT 0861t: (08) 8962 4411f: (08) 8982 1725e: territory.businesscentre@nt.gov.au | **Alice Springs**Ground Floor, The Green Well Building50 Bath StreetAlice SpringsPO Box 9800Alice Springs NT 0871t: (08) 8951 8524f: (08) 8951 8533e: territory.businesscentre@nt.gov.au |
| **Payment options** |
| **Contact your local Territory Business Centre for the relevant schedule of fees.** |
| Cash - Territory Business Centre | [ ]  |
| Cheque - payable to RTM (Receiver of Territory monies) | [ ]  |
| Credit card [ ]  | Visa [ ]  | MasterCard [ ]  |
| Credit card number |  |
| Expiry |  |
| Name on card |  |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | $ |
| Amount in words |  |
| Signature of cardholder |  | Date |  |
| Contact phone number |  |