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| **Notes to application** | | | | |
| 1. This application must be lodged with your Territory Business Centre. 2. All details are to be completed in block letters. 3. If the space provided is insufficient, please present relevant information on a separate sheet. 4. The following are documents that must be lodged with the application:    1. the prescribed fee (please refer to the relevant schedule of fees on the website)    2. copy of photo ID (current drivers licence or passport) | | | | |
| **Application details** | | | | |
| For year ending February 20 | |  | | |
| Syndicate Name |  | | | |
| **Syndicate 1 - Manager** | | | | |
| Full name |  | | | |
| Residential Address |  | | | |
| Date of birth |  | | Telephone |  |
| Email address |  | | | |
| **Syndicate 2** | | | | |
| Full name |  | | | |
| Residential Address |  | | | |
| Date of birth |  | | Telephone |  |
| **Syndicate 3** | | | | |
| Full name |  | | | |
| Residential Address |  | | | |
| Date of birth |  | | Telephone |  |

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| **Syndicate 4** | | | | | | |
| Full name |  | | | | | |
| Residential Address |  | | | | | |
| Date of birth |  | | | Telephone |  | |
| **Syndicate 5** | | | | | | |
| Full name |  | | | | | |
| Residential Address |  | | | | | |
| Date of birth |  | | | Telephone |  | |
| **Syndicate 6** | | | | | | |
| Full name |  | | | | | |
| Residential Address |  | | | | | |
| Date of birth |  | | | Telephone |  | |
| **Syndicate 7** | | | | | | |
| Full name |  | | | | | |
| Residential Address |  | | | | | |
| Date of birth |  | | | Telephone |  | |
| **Syndicate 8** | | | | | | |
| Full name |  | | | | | |
| Residential Address |  | | | | | |
| Date of birth |  | | | Telephone |  | |
| **Questionnaire** | | | | | | |
| Are you the Registered Owners as shown on the Greyhound Registration Certificate(s)?: | | | | | | Yes  No |
| Has any other person(s) a monetary or other interest in any of the greyhounds listed on this form? If yes, state name of person and nature of interest below: | | | | | | Yes  No |
|  | | | | | | |
| Are any of the named greyhounds held on lease by you? If yes, state name(s) of greyhounds and owner(s) below: | | | | | | Yes  No |
|  | | | | | | |
| Since the issue of the Syndicate Owners Registration Certificate, has any member been disqualified, suspended, warned off, fined or listed as a defaulter by any racing authority? If yes, provide full details below: | | | | | | Yes  No |
|  | | | | | | |
| Since the issue of the Syndicate Owners Registration Certificate, has any member been found guilty of an offence punishable by fine or imprisonment? If yes, provide full details below: | | | | | | Yes  No |
|  | | | | | | |
| **Declaration** | | | | | | |
| We hereby make application for renewal of registration of a Syndicate and endorsement of our Registration Certificates Numbers (enter registration certificates numbers) | | |  | | | |
| which we hereby produce and as a condition of the granting of this application we hereby agree to be bound by and to comply with all such rules and statutory provisions in respect to Greyhound Racing and the registration of greyhounds as shall for the time being and from time to time be in force and be made by the said Commission and all decisions and directions that shall from time to time be made by the Commission or by any other authority or person authorised under such rules to make same.  At the date of this Application the undermentioned are greyhound(s) registered in our names as Owners or Lessees for which Owner’s Racing Registration Certificates are required. | | | | | | |
| **Name of greyhound(s)** | | **Name and address of trainer(s)** | | | | |
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| If insufficient space, attach separate list. | | | | | | |
| The undermentioned are greyhounds for which Owner’s Racing Certificates are not required but are registered in our names as Owners or Lessees (i.e. non-racing dogs) | | | | | | |
| **Name of greyhound(s)** | | **Address where kennelled** | | | | |
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| If insufficient space, attach separate list. | | | | | | |

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| **Signature of applicants** | | | | | | |
| Manager  (Syndicate 1) | |  | | Syndicate 2 | |  |
| Syndicate 3 | |  | | Syndicate 4 | |  |
| Syndicate 5 | |  | | Syndicate 6 | |  |
| Syndicate 7 | |  | | Syndicate 8 | |  |
| **Office use only** | | | | | | |
| Date received |  | | Cash receipt number | |  | |
| **Notice in accordance with the Information Act (Information Privacy Principle 1)** | | | | | | |
| Licensing NT is seeking information from you for the purposes of your application.  Information Privacy Principle 1 (IPP 1) requires that a public sector organisation must not collect personal information unless the information is necessary for one or more of its functions or activities. If personal information about an individual is collected from the individual, the organisation must take reasonable steps to ensure that the individual is aware of certain matters. For the purposes of IPP 1, the following advice is provided.   1. You are able to access your personal information that you have provided by making a written request to the Director-General of Licensing. 2. The information is required pursuant to the *Racing and Betting Act*. The Act requires that certain matters must be considered when deciding whether or not to approve an application. 3. The information will be kept confidential except as follows:    1. Information may be sought from Police, government agencies, interstate licensing authorities, or referees or other persons nominated by you. Information may be released to those sources to the extent necessary to verify information about you and your application.    2. If a hearing is involved, information will be released to the parties, Commission or the Court, as required by the Act.    3. Registers of licences and permits will be maintained and may be made available to the public on request. 4. You do not have to provide information if you do not wish to do so. However, an application may not be approved if there is insufficient information to properly determine the matter in accordance with the Act. | | | | | | |

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| **Lodgement options** | |
| Applications can be lodged at a Territory Business Centre with the prescribed fee at: | |
| **Darwin**  Building 3, Darwin Corporate Park,  631 Stuart Highway,  Berrimah  GPO Box 9800  Darwin NT 0801  t: (08) 8982 1700  f: (08) 8982 1725  Toll free: 1800 193 111  e: territory.businesscentre@nt.gov.au | **Katherine**  Shop 1, Randazzo Building  18 Katherine Terrace  Katherine  PO Box 9800  Katherine NT 0851  t: (08) 8973 8180  f: (08) 8973 8188  e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) |
| **Tennant Creek**  Shop 2, Barkley House  Cnr Davidson and Paterson Streets  Tennant Creek  PO Box 9800  Tennant Creek NT 0861  t: (08) 8962 4411  f: (08) 8982 1725  e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | **Alice Springs**  Ground Floor, The Green Well Building  50 Bath Street  Alice Springs  PO Box 9800  Alice Springs NT 0871  t: (08) 8951 8524  f: (08) 8951 8533  e: [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) |