# *Racing and Betting Act*

| **Application for a Renewal of a Sports Bookmaker’s Licence by a Corporation** |
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| **Notes to application** |
| 1. This application must be lodged with the Territory Business Centre with the prescribed fee.
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| 1. Additional information may be required to enable the determination of this application.
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| 1. If the space provided is insufficient, please present relevant information on a separate sheet.
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| 1. The following are documents that must be lodged with the application:
2. Two passport sized photographs of company nominee, unless previously provided to the Commission [ ]
3. Copy of any alterations made to memorandum and articles of association of the company that have not previously been provided to the Commission [ ]
4. Copies of certificates of registration under the *Business Name Act* for any business name used or proposed to be used by the company that have not previously been provided to the Commission [ ]
5. The latest available audited financial statements [ ]
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| **Application details** |
| Year 1 July (enter year) |  | to 30 June (enter year) |  |
| Pursuant to Section 89 of the *Racing and Betting Act*, |
| I (company nominee): |  |
| A person duly authorised by (name of company): |  |
| hereby make application on behalf of the Company for the renewal of the Sports Bookmaker’s Licence.Should this application be approved, the Company and its nominee agree to be bound by and to comply with all rules and regulations which may be in force from time to time and with all decisions and directions lawfully made by the Northern Territory Racing Commission and/or by any other authorised person or body. |
| Company name: |  |
| Former names (if any): |  |
| ACN/ABN: |  |
| Trading names: |  |
| Registered office address: |  | Postcode: |  |
| Principal activities of the company: |  |
| Paid up capital in the company: |  |
| Details of financial status of company |
| Bankers: |  |
| Accounts: |  |
| Auditors: |  |
| Are there any factors not disclosed in the financial accounts, which may affect the financial position of the company or the Commission’s decision to grant a Licence? If **yes**, provide details: | Yes [ ]  No [ ]  |
|  |
| Name of company officers: |
| Directors: |  |
| Company Secretary: |  |
| Principal Executive Officer: |  |
| Senior Management Staff: |  |
| Company Nominee who is responsible for conduct of the sports bookmaking business |  |
| For each director, the company secretary and company nominee stated above, provide the following details (attach separate sheet for each):1. Full name
2. Previous name and alias
3. Date of birth
4. Place of birth
5. Current residential address
6. Office held
7. Offices held in other companies (if any)
8. Details of criminal convictions (if any)
9. Details of criminal investigations or
10. Prosecutions pending (if any)
11. Details of any bankruptcy assignment or arrangement with creditors (whether current or not)
12. Details of any disqualification to act as a company director or office
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| Full name, address and percentage of stock held for each shareholder controlling five percent or more of the company’s stock. If insufficient space, attach separate sheet. |
| Full name: |  |
| Postal address: |  | Postcode: |  |
| Percentage of stock: |  |
| Full name: |  |
| Postal address: |  | Postcode: |  |
| Percentage of stock: |  |
| Full name: |  |
| Postal address: |  | Postcode: |  |
| Percentage of stock: |  |
| Where such a shareholder is a company: |
| Registered company name(s) and trading name(s): |  |
| Full name(s) of principal(s) of the company: |  |
| Address(es) of principal(s) of the company: |  | Postcode: |  |
| Full name(s) of principal(s) of the company: |  |
| Address(es) of principal(s) of the company: |  | Postcode: |  |
| Registered address: |  | Postcode: |  |
| Percentage of stock held-state number and class of shareholder: |  |
| Is the company a public company? | Yes [ ]  No [ ]  |
| If yes, state name of stock exchange: |  |
| For each company which is a subsidiary of, or controlled by your company (Attach a full company chart, including all subsidiaries. if insufficient space, attach separate sheet): |
| Registered company name(s) and trading name(s): |  |
| Purpose of company: |  |
| Paid up to capital of company: |  |
| Registered company name(s) and trading name(s): |  |
| Purpose of company: |  |
| Paid up to capital of company: |  |
| Registered company name(s) and trading name(s): |  |
| Purpose of company: |  |
| Paid up to capital of company: |  |
| Are you or any person named in or involved with this application indebted to any other person, including bookmakers for bets made by or with you? If **yes**, provide details: | Yes [ ]  No [ ]  |
|  |
| Have you or any person named in or involved with this application been refused a bookmakers licence/permit anywhere? If **yes**, provide details: | Yes [ ]  No [ ]  |
|  |
| Have you or any person named in or involved with this application ever been disqualified, suspended, warned off, fined or listed as a defaulter by any racing club or authority? If **yes**, provide details: | Yes [ ]  No [ ]  |
|  |
| Are there any court proceedings (including winding up proceedings) pending or proposed and are there any unsatisfied judgements against the company? If **yes**, provide details: | Yes [ ]  No [ ]  |
|  |
| Address where the company operates: |  | Postcode: |  |
| **Sports Bookmaker’s Key Employees** |
| The names and addresses of all key employees employed by the company are: |
| Name | Address |
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| Pursuant to Section 97 of the Act, I seek approval for the following key employees to become agents to act on my behalf in my absence. |
| Name | Contact Phone |
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| **Declaration under the *Oaths, Affidavits and Declarations Act*** |
| I (insert name): |  |
| Of (insert address): |  | Postcode: |  |
| solemnly and sincerely declare that:1. all statements and information contained in this application are true and correct to the best of my knowledge;
2. I have read and understood the information contained in this application. I also declare that I am not financially or in any other way interested in illegal betting whatsoever, and I undertake that I will not engage in any such business while I am licensed by the Northern Territory Racing Commission.;

and I further state that:1. this declaration is true and correct; and
2. I know that it is an offence to make a declaration that is false in any material particular.
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| This declaration is made at(place) |  | On(date) |  |
| pursuant to a resolution passed on the (enter date): |  |
| of the Board of Directors of: |  |
| authorising the undersigned to make this application for and on behalf of the Company. |
| Signature of company nominee: |  | Date: |  |
| The common seal of: |  |
| was hereunto affixed this (enter date): |  |
| in the presence of: |
| Signature of director: |  | Date: |  |
| Signature of secretary: |  | Date: |  |
| **Note**:This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act*.Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned. |
| **Notice in Accordance with the *Information Act*****(Information Privacy Principle 1)** |
| Licensing, Regulation and Alcohol Strategy (LRAS – a division of NT Department of Business) 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:
4. 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.
5. Registers of licences and permits will be maintained and may be made available to the public on request.
6. 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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| **Fees and lodgement** |
| Payment must be lodged through Territory Business Centres (TBC). |
| **Darwin**Darwin Corporate ParkGround Floor, Building 3631 Stuart HighwayBerrimahGPO 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 StreetsTennant CreekPO Box 9800Tennant Creek NT 0861t: (08) 8962 4411f: (08) 8962 4413e: territory.businesscentre@nt.gov.au | **Alice Springs**Peter Sitzler Building67 North Stuart HighwayAlice SpringsPO Box 9800Alice Springs NT 0871t: (08) 8951 8524f: (08) 8951 8533e: territory.businesscentre@nt.gov.au |
| Contact your local Territory Business Centre for the relevant schedule of fees. |
| Authorisation for payment by Credit Card. |
| Bankcard [ ]  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 |  | dollars |
| Signature of cardholder |  | Date |  |
| Contact phone number |  |