# *Racing and Betting Act*

| **Application for a Sports Bookmaker’s Licence by an Individual** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Note to application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. This application must be lodged with the Territory Business Centre with the prescribed annual fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The Financial Statement within this form must be accompanied by supportive statements for all declared assets and liabilities (for example, bank statements for the period of 12 months prior to the date of this application, bond/share certificates, land titles, overdraft/mortgage statements, etc.). Copies of original documents will suffice. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If space provided is insufficient, please present relevant information on a separate sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The following are document that must be lodged with the application: 2. Two passport sized photographs 3. Bookmaker’s financial statement and accompanying documents (refer to form within application) 4. Authority to Release Criminal History Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year 1 July (enter year) | | | | | | | |  | | | | | | | to 30 June (enter year) | | | | | | | | | | | | |  | | | | | | | |
| Pursuant to Section 89 of the *Racing and Betting Act*, I hereby make application for a Sports Bookmaker’s Licence.  Should this application be approved, I 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of applicant: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allias(es) and previous names (including maiden name): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Residential address: | | |  | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | |  | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | |  | |
| Telephone: | | |  | | | | | | | | | | | Mobile: | | | |  | | | | | | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | |  | | | | | | | | | | | Place of birth: | | | |  | | | | | | | | | | | | | | | | | |
| Usual occupation: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of employer: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of employer: | | |  | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | |  | |
| Have you ever been convicted of an offence punishable by fine or imprisonment, either in the Northern Territory or elsewhere? If **yes**, provide details: | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | |
| Nature of offence: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of offence: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name under which you were found guilty: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Penalty imposed: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If more than one conviction, attach a list | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you indebted to any other person, including bookmakers for bets made by or with you? If **yes**, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
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| Have you been refused a bookmakers licence/permit anywhere? If **yes**, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
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| Have you ever been disqualified, suspended, warned off, fined or listed as a defaulter by any racing authority? If **yes**, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
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| Have you ever been licensed by any racing authority as a bookmaker or bookmaker’s clerk/key employee? If **yes**, provide details of dates, racing authorities and experience gained: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
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| Does any other person have an interest in this application? If **yes**, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| Name of person: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of person: | | | | | |  | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | |  |
| The extent of their interest in the business: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ^Attach a statement containing all the information which would be requested by this application if the person or persons were applicants themselves. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you at any time been bankrupt or taken the benefit of a law for the relief of bankrupt or insolvent debtors or assigned your remuneration for the benefit of your creditors? If **yes**, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
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| Where do you propose to operate as a sports bookmaker? | | | |  | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | |  |
| **Sports Bookmaker’s Key Employees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The names and addresses of all key employees employed by me 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 and that the particulars supplied by me in this application are true and correct. 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 registered 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at (place) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | on (date) | | | |  | | |
| Signature of applicant: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | |
| In the presence of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Witness: | |  | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | |  | | | |
| Witness name: | |  | | | | | | | | | | | | | | | | | Witness phone number | | | | | | | | | | | | |  | | | |
| **Note: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act*.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bookmaker’s Financial Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I (full name): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| being an applicant for, or the holder of, a Bookmaker’s Permit/Licence under the Northern Territory *Racing and Betting Act*, hereby submit, for the confidential information of the Northern Territory Racing Commission, details of my financial position as at | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank savings (with a bank , credit society, or other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | branch of the | | | | | | | | | |  | | | | | | Bank | | | | | | | | $ | | | | | | | | | | |
|  | branch of the | | | | | | | | | |  | | | | | | Bank | | | | | | | | $ | | | | | | | | | | |
|  | branch of the | | | | | | | | | |  | | | | | | Bank | | | | | | | | $ | | | | | | | | | | |
| Bank certificate, copy of bank statement or copy of passbook required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bonds (provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Shares (provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Real property (provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Motor Vehicles (provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other assets (provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total assets: | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| **Liabilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount | | | | | | | | |
| Bank overdraft (Bank/Limit/Balance) | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| 1st mortgage (details) | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| 2nd mortgage (details) | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| Other mortgages (details) | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| Personal loans (Bank/Amount/Balance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Credit cards (provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total liabilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| Excess of assets over liabilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| Signature: | | | | | | |  | | | | | | | | | | | | | | Date: | | | | | | | | | |  | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fees and lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment must be lodged through Territory Business Centres (TBC). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin**  Darwin Corporate Park  Ground Floor, Building 3  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](mailto: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 Street  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) | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |