***Gaming Machine Act***

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

| **Application for a Licence as a Machine Manager** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Licence Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select the licence you are applying for | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaming Machine Manager (new) | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Gaming Machine Manager (renewal) | | | | | | | | | |  | Licence Number | | | | | | | MM | | | | | | | | |
| **2. Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | |  | | | | | Place of birth | | | | | |  | | | | | | | | | | | | | |
| Current Residential address | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Postal address | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | |  | | | | | Mobile | | | | |  | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you an Australian citizen? | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
| If you were not born in Australia, how long have you lived in Australia? | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **3. Previous Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously been employed (in any capacity) in a casino, gaming house, gaming machine related premises, gaming industry, bookmaking operations or the racing industry? If **yes**, give details in the space provided below | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Name of employer | | | Position | | | | | | Duties | | | | | | | Term of employment | | | | | | | | | | |
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| **4. Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete the following questions. If you answer **YES** to any of the questions, please provide full details on a separate sheet as an attachment.  In the Northern Territory or elsewhere, have you ever, or since your last application: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. been found guilty of an offence since attaining the age of 18? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Do you have any pending offence/charge? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Have your salary, wages, earnings or other income ever been subject to garnishee order, attachment or the like? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Have you ever had any article repossessed by a finance company or the like? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Are you an undischarged bankrupt or have you ever applied to take the benefit of any law for the relief of bankrupt or insolvent debtors compounded with creditors or made an assignment of your remuneration for their benefit? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Have you ever been dismissed, discharged or asked to resign from any employment? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Are you currently associated with or actively participate in the management or operations thereof as a director, partner or other capacity of any corporation, partnership, joint venture or business? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| 1. Have you ever held an executive position with any company that has either been in liquidation or receivership? | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **5. Declaration of competency by employer** (person authorised by the Licensee) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (insert name) | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| holding the position of (insert position) | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Located at (Name of business/Gaming Venue) | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Hereby certify that the applicant (insert full name of applicant) | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| has the appropriate qualifications, knowledge, skills and experience to competently carry out the activities that will be authorised under the licence.  If the application is successful, this person will be employed in the capacity of Gaming Machine Manager. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | Date | | | | | | |  | | | | | |
| **6. Supporting documents** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following documents are required to be lodged **with** this application. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current photographic identification (copy of current drivers licence or passport) | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Evidence of change of name (eg: copy of marriage certificate or deed poll documents) if applicable | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 2 passport photographs | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Criminal History Report conducted within the last 3 months issued by SAFE NT.  (New Application = Fingerprint check; Renewal application = Name check) | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The prescribed fee | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **7. Privacy Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of The Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Unattested 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 for the purpose of obtaining a licence under the *Gaming Machine Act* are true and correct to the best of my knowledge; 2. I have read and understood the information contained in this application; and 3. I know that it is an offence to make a declaration that is false in any material particular.   I hereby consent to all probity investigations carried out by authorised officers of Licensing NT to verify the information provided by me and to determine my suitability to hold the licence for which I have applied. I agree that such inquiries may be made before and after the issue of a licence. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at  (Place) | | | | | |  | | | | | | On  (Date) | | | | |  | | | | | | | | | |
| Signature of Applicant | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Note:** A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Payment options** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to the relevant schedule of fees at <https://nt.gov.au/industry/gambling/gaming-machines-in-clubs-pubs/gaming-machine-application-fees> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash - Territory Business Centre | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Cheque - payable to **RTM (Receiver of Territory Money)** | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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 | | | | |  | | | | | | | | | | | | | | | | | | | dollars | | |
| Signature of cardholder | | | | |  | | | | | | | | | | Date | | | |  | | | | | | | |
| Contact phone number | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **10. Lodgement options** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applications to be lodged at a Territory Business Centre with the **prescribed fee.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin**  Darwin Corporate Park  Ground Floor, Building 3  631 Stuart Highway  Berrimah NT 0828  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 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) | | | | | | | | | | | | | | | | | | |