# *Gaming Machine Act*

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

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

| **Gaming Machine Increase Application**  |
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| Notes:1. Fee, Levy and Calculation

An application fee and levy applies to an application for an increase in Gaming Machines. The application fee for the 2018/2019 Financial Year is $135.00.The levy has two categories as follows, please tick the appropriate box:1. Category 1 – ‘Authority – Hotel or Tavern’ [ ]
2. Category 2 – ‘Authority – Club’ [ ]

The levy for the 2018/2019 Financial Year follows:1. Category 1 application

– 45 045 revenue units x 1.18 = $53.153.00 per Gaming Machine1. Category 2 application

– 9 010 revenue units x 1.18 = $10,631.00 per Gaming MachineTo calculate the levy payable: no. of machines x amount per gaming machine = levy amountExample: for a Category 2 application for 3 additional machines 3 x $10,631.00 = $31,993.00 To calculate total amount payable:1. Application Fee (75RRR101D134184 for internal use) $ 135.00
2. Levy (75T01103D911111 for internal use)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| no. of machines | x | amount per gaming machine for Category 1 or 2 | = | $ .00levy amount |
|  |  | Total Payable (add 1. and 2.) | **$** **.00** |

The total amount should be inserted in ‘Amount in words’ under the Payment Options section of the form (page 6).1. The applicant should provide supporting information/documents that are applicable to support the application. The Director-General of Licensing may require the applicant/licensee to submit such additional information or material as the Director-General of Licensing considers is necessary in order to make a determination under the *Gaming Machine Act*.
2. The Director-General of Licensing does not guarantee or assure the profitability of any increase of gaming machines. The Applicant enters into these arrangements at his/her own risk.
3. The Director-General of Licensing based on all the information placed before it is capable of approving applications either in whole or in part. For example, approval for the application for an increase of gaming machines may be granted with a lesser increase in gaming machine number than originally requested.
4. The applicant will be required to place advertisements in the relevant newspaper or other form of media (where required by the Director-General of Licensing). Senior Compliance Officers will assist the applicant in drafting the relevant advertisement for the applicant and advise where the advertisements should be placed. Applicants should make every effort to attend to this requirement as soon as possible after the application has been lodged, as an application will not be considered until such time as the advertising period has closed and the Community has had the opportunity to object to the application. Other documentation and requirements can be submitted while the advertising period is running.
5. If the application is approved to increase the number of gaming machines and requires an increase, modification or relocation to the approved gaming area, submission of the Gaming Machine Alterations Application should also be submitted. Any material alterations may also require approval pursuant to the *Liquor Act*.
 |
| **Applicant 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 |  |
| **Application Details** |
| Please attach:1. current floor plan;
2. proposed floor plan; and
3. Community Impact Analysis (CIA) (refer guideline - http://www.dob.nt.gov.au/gambling-licensing/reforms/community-gaming/Pages/cia-guideline.aspx).

If the applicant is a club also include:1. statement of the Club’s current profits allocation/distribution towards development of the club’s neighbourhood;
2. details of the extent to which the Club’s profits allocation/distribution towards development of the club’s neighbourhood would be increased;
3. statement of the Club’s current profits as donations to or funding for community, recreation or service organisations in the neighbourhood; and
4. details of the extent to which the Club’s profits as donations to or funding for community, recreation or service organisations in the neighbourhood would be increased.
 |
| Number of additional gaming machines sought |  |
| Total number of gaming machines (if this application is granted) |  |
| Will the increase in Gaming Machines result in an increase, modification or relocation to the Gaming Machines Area(s)?If Yes, please refer to Note 7 on Page 1. | Yes [ ]  No [ ]  |
| **(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. proper cleaning and maintenance of the gaming machines;
2. unrestricted access to fire exits in a way that complies with the *Fire Service Act*, the *Building Act* and the Regulations made under those Acts; and
3. 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.** |
| **Lodgement details** |
| **Applications must be lodged at a Territory Business Centre with the prescribed fee and levy at:** |
| **Darwin**Building 3, Darwin Corporate Park631 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 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 |  |