# *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.

For any enquiries relating to this application please contact Licensing NT on (08) 8999 1800

| **Gaming Machine Venue Licence Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. The following booklet has been compiled to assist the applicant in completing these forms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. An application for the grant of a gaming machine licence may be made by: -    1. The holder of a club, public hotel or tavern liquor licence referred to in Section 3 of the *Gaming Machine Act*    2. A transferee of an eligible liquor licence    3. An applicant for an eligible liquor licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Application for a gaming machine licence may be made only in respect of premises specified in an applicant’s licence under the *Liquor Act*. If the application is likely to require an alternation to the premises, an application for a material alteration under the *Liquor Act* should also be made. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The applicant, natural person or in the case of a body corporate each Director/Executive Officer, must submit the following documents, either original or certified copies, with this form: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Birth certificate or extract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Current Drivers Licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Current Passport and visa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Deed of Release and Indemnity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Marriage Certificate (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Deed Poll Documents (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Financial Statements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Credit Reference Report (see attachment on page 21) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. Taxation Return or Tax Assessment Notice (for the past 3 years) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | |
| 1. This application must also be accompanied by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The prescribed fee and levy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| Community impact analysis (CIA) (refer to Department website for guidelines) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| Business Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| A neat, accurate scaled plan of the premises to which the application relates, indicating the proposed locations on the premises where it is intended to install gaming machines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| Criminal History Check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| Affidavit disclosing influential or benefiting parties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| Lease Agreement, Arrangement or Contract for the premises subject to the application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| **If body corporate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A copy of the Certificate of Incorporation of the body corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| A copy of the memorandum, rules, constitution or other incorporating documents of the body corporate, certified as a true copy by the secretary or other person duly authorised on that behalf by the body corporate and, in the case of rules of a club, certified as a true copy by the Registrar, within the meaning of the *Association Incorporation Act* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| A certified copy of the resolution or minute of the proceedings of the governing body whereby approval was given to the making of the application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| A copy of the last 2 years audited balance sheet or statement of the financial affairs of the body corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| **If a club, also:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A statement detailing the number of members in each class of membership of the club | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| A copy of the club constitution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| A proposal consistent with club constitution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |
| 1. Before commencing the complete this form please read the following carefully: 2. Type or print in Block Letters an answer to every question. 3. If a question does not apply to you state "N/A" in response to that question. 4. If there is nothing to disclose in reply to a particular question state "Nil" in response to that question. 5. If the space available is insufficient please supply the required information on an attachment page. Precede each answer there on with the title applicable to that question. 6. All dates should be completed in the Form - Day / Month / Year. 7. The form must be signed personally on each page including each attached page in the space provided (by the person to whom the form relates). 8. Every venue must have at least 1 authorised machine manager to commence gaming and a machine manager must be on duty at all times during the operation of gaming. 9. The Director-General of Licensing must be advised in writing of any changes to information contained in or accompanying the application within 7 days (Section 27(1) of the *Gaming Machine Act*). 10. An applicant for a gaming machine licence must, within 28 days of lodging the application, publish a notice that the application has been made. 11. Once this application has been completed and all relevant documents have been attached, please forward to relevant Territory Business Centre (TBC) – refer to final page 12. Any queries relating to the application must be directed to Licensing NT - refer contact details, page 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. False Statement   Penalties for offences under the *Gaming Machine Act* range from a fine of 8 penalty units to 2500 penalty units or imprisonment up to 5 years.  Under Section 177(f) of the *Gaming Machine Act* the penalty for an offence of providing or submitting information or material knowing it to be false erroneous or misleading in a material particular in or in relation to an application is a fine of 430 penalty units or imprisonment for 5 years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Authority for release of information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We (insert full name of applicant) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| being duly authorised executive officers of (insert name of body corporate) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hereby authorise the manager or officer in charge of any bank or financial institution to whom this request is presented by an authorised officer of the Department of Business or member of the NT Police Force to allow that officer or member to inspect and obtain copies of any and all documents, records or correspondence pertaining to the above mentioned Body Corporate, (solely or jointly with any other company etc., or party), including but not limited to loan information, trading account records, deposit records, safe deposit records, passbook records and bank statement sheets, which are held by such bank or other financial institutions, and the Director-General of Licensing to make any inquiries and obtain any background information regarding the Body Corporate, including inquiries with law enforcement authorise as are required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorised Executive Officer | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | |  | | | | |
| Signature of Authorised Executive Officer | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | |  | | | | |
| **1. This application is made by** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Corporate  Natural Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Details of applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | |  | | | | | | | | | | | | | | | Place of birth | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | |  | | | | | | | | | | | | | | | Facsimile | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Mobile | | | | | | | |  | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Full name of premises subject to the application | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of premises subject to the application | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | |  | | | | | | | | | | | | | | | Facsimile | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of gaming machines for which this licence is sought | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Liquor Licence Number | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your marital status (including defacto) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of marriage | | | | | | | |  | | | | | | | | | | | | | | | Place of marriage (city/state/country) | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Spouse’s/defacto maiden name (where applicable) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of birth of spouse/defacto: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s defacto residential address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s/defacto employer | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s/defacto occupation | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. For Body Corporate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of body corporate | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of incorporation of body corporate | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered Address of body corporate | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address of body corporate | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | | | | | | | | | | | | | | | | | | | Facsimile | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Mobile |  | | | | | | | | | | | | | | | | | | | | | | | | Email | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **4. Details of Executive Officers (make copy if necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | | | | | | | | | | | | Place of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | | | | | | | | | | | | | | | | Facsimile | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Mobile |  | | | | | | | | | | | | | | | | | | | | | Email | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Full name of premises subject to the application | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of premises subject to the application | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | | |  | | | | | | | Facsimile | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Number of gaming machines for which this licence is sought | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Liquor Licence Number | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your marital status (including defacto) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of marriage | | | | | | | | | | | | | | |  | | | | | | | Place of marriage (city/state/country) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Spouse’s/defacto maiden name (where applicable) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of birth of spouse/defacto: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s defacto residential address | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s/defacto employer | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s/defacto occupation | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Provide full details of all Holding, Subsidiary, and Associate Companies etc, including details as to the nature of the business conducted by such Companies etc.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of business | | | | | | | | | | | | | | | | | | | | | | | | | | | Details | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Directorships & Business Affiliations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever held an executive position with any company that has either been in liquidation or receivership? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | |
| If **yes** please supply details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Litigation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide full details of any prosecutions or other legal action taken by or against the Body Corporate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide full details of any litigation pending by or against the Body Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been arrested, charged or summonsed for an offence, regardless of the disposition, anywhere excluding juvenile offences and traffic offences (including drink driving offences) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If yes, give details in the space provided below. List all cases without exception. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nature of Offence | | | | | | | | | Age at time of offence | | | | | | | | | | State | | | | | City or town | | | | | | | | | Date of Offence | | | | | | Result of Hearing or other disposition | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
| Signature | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Addresses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all addresses at which the Body Corporate etc., has been registered or has conducted business over the last 5 years beginning with the current address and working backwards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and Year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and Year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month and year (from – to) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Confidential Financial Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever become bankrupt or taken advantage of the laws relating to bankruptcy or insolvency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| If **yes**, furnish details on an attachment page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supply details (name, branch) of all bank accounts operated by the Body Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | Branch | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Business Affiliations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer 6 – Provide full details of any other Directorships, Partnerships or other business interests or affiliations with which the Directors, Secretary and Executive Officers are currently or have been associated or involved within the last (5) five years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Attachment page (if required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. Affidavit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclosure of influential or benefiting parties to a gaming machine licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (insert full name) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Being (choose one of the following) | | | | | | | | | | |
| * 1. an applicant (natural person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. the principal executive officer of   (name of body corporate) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | , the applicant | | | |
| 1. an officer other than the principal executive officer to whom the provisions of section 44(3)(b) of the Act apply, in respect of (name of body corporate) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | , the applicant | | | |
| for a gaming machine licence do sincerely promise and swear that | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. there \*is a / is not any person (other than, where the applicant or licence holder is a body corporate, the secretary, an executive officer, a member or shareholder of the body corporate carrying out the duties or exercising the normal rights the person has as secretary, executive officer, member or shareholder) who will by any lease, agreement or arrangement be able to influence any decision made: 2. in the case of the applicant or licence holder being a natural person, by that person; or 3. in the case of the applicant or licence holder being a body corporate, by the body corporate or the secretary or an executive officer of the body corporate,   In relation to the conduct of gaming by the applicant or licensee; and   1. there \* is a / is not any person (other than, where the applicant or licensee who by any lease, agreement or arrangement who may expect a benefit from the applicant or licensee in relation to the performance of the general functions to be permitted or that are permitted by the licence.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. If there is a person so able to influence or expect benefit, state –**   1. where any such person is a natural person, his or her full name, address and date of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 1. where any such person is a body corporate other than a club - the name of the body corporate and the full name, address and date of birth of the secretary and each executive officer of the body corporate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 1. details of the objectives (if any) of the body corporate / club or voluntary association of persons and whether or not the club is a non-proprietary club or the voluntary association of persons conducts its business in the same manner as the non-proprietary club | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. full and correct particulars of the lease, agreement or arrangement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the case of the applicant or licensee being a body corporate other than a club, state the names of all persons who are substantial shareholders of the body corporate under Section 708 of the *Corporation Laws* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of deponent | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | |
| Signed and sworn by the said deponent at this (insert day) | | | | | | | | | | | | | | | |  | | | | Day of (insert month) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 20 (insert year) | | |
| before me | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commissioner of Oaths | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and address of the Commissioner of Oaths | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*delete those which are not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14. Deed of Release and Indemnity** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Deed of Release is made between | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | |  | | | | | | | | | | | | | | | | | | Place of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| (hereinafter referred to as “the releasor”) of the one part and the Commissioner of Police of the Northern Territory, his servants and agents, (hereinafter referred to as “the releasee”) of the other part.  Whereas   1. The releasor is desirous that the Territory and Director-General of Licensing properly inform themselves of the suitability and probity of the releasor to be involved in or associated with the gambling industry in the Northern Territory. 2. The releasee may be in possession of information concerning the releasor (hereinafter referred to as “the information”) which is of assistance to the Territory and Director-General of Licensing in informing themselves as to the suitability and probity of the releasor to be involved in or associated with the gambling industry in the Northern Territory. 3. The releasor is desirous of the Territory and Director-General of Licensing having access to the information for the purpose described in clause 2 hereof. 4. The releasor acknowledges that he may have certain rights and remedies at law and/or in equity in relation to any supply or publication of the information.   Now this deed Witnessed:   1. The releasor requests and authorises the releasee to supply the information to the Territory and Director-General of Licensing. 2. The releasor undertakes that he will at all times well and sufficiently indemnify the releasee and keep the releasee indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the releasee or incurred or become payable by the releasee in respect thereof.   In Witness whereof  The releasor has hereunder affixed his hand and seal on the date below mentioned. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed sealed and delivered by | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Releasor | | | | | | | | | | | | | | | | | | L.S | | | | | | | | | | | | | | | | | | Date | | | | | | | | |  | | | | | |
| **How to obtain a Personal Credit Reference Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Credit Rating  The credit reference association of Australia will supply to any person their personal credit reference on application.  You are required to provide this documentation of financial records for consideration of approval of your application.  To obtain your credit reference, write to: Veda Advantage Ltd  Public Access Department  PO Box 964  North Sydney NSW 2059  The following information is to be provided to Veda Advantage Ltd:   1. Full name 2. Date of birth 3. Drivers licence or similar document stating number and state of issue 4. Current residential address 5. Previous residential address   There is no cost for this service and the report should be provided in six to ten days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Gaming Machine Act***  **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 *Gaming Machine 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. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applications can be lodged at a Territory Business Centre with the prescribed fee at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin**  Ground Floor, Development House  76 The Esplanade Darwin  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 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) | | | | | | | | | | | | | | | | | | | | |
| **Payment options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please 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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | dollars |
| Signature of cardholder | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  |
| Contact phone number | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |