# *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 Licence Transfer Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Notes:**   1. Application for the transfer of a gaming machine licence may be made only in respect of premises **as specified** in the relevant licence under the *Liquor Act*. Further applications may be required for material alteration under s119 of the *Liquor Act* or modification of gaming machine areas under s43 of the *Gaming Machine Act*. 2. An application for the transfer of a gaming machine licence:    1. may be made by the proposed transferee (the person the licence is proposed to be transferred to); and    2. cannot be made unless an application under section 40 of the *Liquor Act* for the transfer of the licensee’s public hotel or tavern liquor licence has been made (and was not refused) or is made at the same time as this application. 3. Application for the transfer of a gaming machine licence must include:    1. a copy of the application under section 40 of the *Liquor Act* for the transfer of the public hotel or tavern liquor licence or evidence that it has been made    2. unless provided with the above (copy of application under section 40 of the *Liquor Act* ), current proof of identification of the applicant or the secretary and each executive officer if the applicant is a body corporate   (eg. driver’s licence, passport or proof of age card and marriage certificate or change of name extract if applicable)   * 1. unless provided with the above (copy of application under section 40 of the *Liquor Act* ), if the applicant is a body corporate:  1. certificate of incorporation 2. constitution or other incorporating documents certified as a true copy by the secretary or other person properly authorised 3. copy of the resolution or minute of the proceedings by which the approval was given for this application to be made certified as a true copy by the secretary or other person properly authorised 4. copy of the last audited balance sheet or statement of the financial affairs 5. The Director-General may require the applicant, or associate, to submit any additional information or material. 6. The applicant must give the Director-General written notice of any change in the information in, or accompanying, the application or any other change in circumstances of the application within 7 days. 7. It is an offence, under s177(f) of the *Gaming Machine Act,* to provide or submit information or material knowing it to be false, erroneous or misleading in a material particular in, or in relation to, an application or affidavit.   Maximum penalty: 430 penalty units or imprisonment for 5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This application is made by** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Natural Person/Partnership  Body Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If applicant is a Natural Person/Partnership (attach extra sheets if necessary):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | |  | | | | | | | | | | | | Facsimile | | | | |  | | | | | | | | | | | | |
| Mobile | | | | |  | | | | | | | | | | | | Email | | | | |  | | | | | | | | | | | | |
| **If applicant is a Body Corporate:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of body corporate | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ACN (if applicable) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Registered Address of body corporate | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address of body corporate | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | | | | Facsimile | | |  | | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | | | | | | | | | Email | | |  | | | | | | | | | | | | |
| **Details of Secretary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | Facsimile | | | | | | |  | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | | | | | | Email | | | | | | |  | | | | | | | | | | | |
| **Details of Each Executive Officer (attach extra sheets if necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | Facsimile | | | | | | |  | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | | | | | | Email | | | | | | |  | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | Facsimile | | | | | | |  | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | | | | | | Email | | | | | | |  | | | | | | | | | | | |
| **Transfer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaming Machine Licence Number | | | | | | | | | | | | | GM | | | | | | | | | | | | | | | | | | | | | |
| Number of Machines on site | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Name of Current Licensee | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signature of Current Licensee | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Date | | |  | | |
| Trading Name of Premises  \*Business Name Extract required | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address of Premises | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Specify full particulars of the ownership and any intended ownership of the premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Specify details of the arrangements made for the monitoring of the gaming machines by a licensed monitoring provider and for the maintenance and repair of the gaming machines through a licensed serviced contractor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide details of transferee’s problem gambling risk management and responsible gambling strategies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signed by Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the applicant is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Natural Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date | | |  | | |
| If the applicant is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Body Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Executed under the common seal of | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorised  Executive Officer | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date | | |  | | |
| Full name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorised  Executive Officer | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date | | |  | | |
| **Affidavit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, | |  | | | | | | | | | | | | | | | | | | | | | | | | , the applicant, | | | | | | | | |
| *insert full name:*  *of the applicant; or*  *if the applicant is a body corporate, of the principal executive officer (or, if that officer does not have knowledge of the fact, some other person who has knowledge of the facts and who is authorised by the body corporate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| disclose the following (\*circle where applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | there \*is a / is not any person (other than, where the applicant or licensee 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 such secretary, executive officer, member or shareholder) who will by any lease, agreement or arrangement be able to influence any decision made:     1. *in the case of the applicant or licence holder being a natural person, by that person; or* 2. *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; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) | there \*is a / is not any person other than the applicant or licensee who by any lease, agreement or arrangement (other than a contract, agreement or other arrangement entered into for the purposes of this Act or the Regulations and approved by the Director-General) may expect any benefit from the applicant or licensee in relation to the conduct of gaming by the applicant or licensee; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) | details of persons able to influence as referred to in paragraph (a) or expect benefit as referred to in paragraph (b): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. *where any such person is a natural person:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Name | | | | | | | | | | | Address | | | | | | | | | | | | | Date of Birth | | | | | | | | | |
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|  | 1. *where any such person is a body corporate other than a club:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Body Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Full Name of Secretary | | | | | | | | | | | Address | | | | | | | | | | | | | Date of Birth | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  | Full Name of Each Executive Officer | | | | | | | | | | | Address | | | | | | | | | | | | | Date of Birth | | | | | | | | | |
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|  |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  | 1. *where any such person is a club or other voluntary association of persons:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Club or Voluntary Association of Persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Name of Secretary | | | | | | | | | | | Address | | | | | | | | | | | | | Date of Birth | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  | Full Name of Each Executive Officer | | | | | | | | | | | Address | | | | | | | | | | | | | Date of Birth | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  | Particulars of any liquor licence held by the club or voluntary association of persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Details of the objectives (if any) of the 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 way as a non-proprietary club | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. *full and correct particulars of the lease, agreement or arrangement* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (d) | in the case of the applicant or licensee being a body corporate other than a club, the names of all persons who have a substantial holding (within the meaning of section 9 of the Corporations Act 2001) in the body corporate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This affidavit is made by | | | | | | | | | | |  | | | | | | | | | | | | | in the presence of an authorised witness | | | | | | | | | | |
| At (place) | | | | | | |  | | | | | | | | | | | | | On (date) | | | | | | | |  | | | | | | |
| Signature of person making the affidavit | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Signature of Authorised Witness  \*Witness must sign each page of the affidavit | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Witness Full Name | | | | | | | | Witness qualification as an authorised witness | | | | | | | | | | | | | | | | Witness Address or Telehone | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| ***Oath, Affidavits and Declarations Act*:**  Section 14 (5):  The person making the affidavit must:  (a) sign the affidavit immediately after the statement required by subsection (3); and  (b) sign each other page of the affidavit; and  (c) sign or initial any alteration made to the affidavit; and  (d) in the presence of an authorised witness, say orally on oath, that:  (i) he or she is the person named as the maker of the affidavit; and  (ii) the contents of the affidavit are true; and  (iii) the signature is his or hers; and  (iv) if necessary, any attachment to the affidavit is the attachment referred to in it.  *Subsection (5)(a), (b) and (c) need not be complied with in the presence of an authorised witness.*  Section 15:  (1) An affidavit made at a place in the Territory must be witnessed by one of the following:  (a) a justice of the peace;  (b) a commissioner for oaths;  (c) any other person authorised by an Act to witness the affidavit.  (2) An affidavit made at a place outside the Territory must be witnessed by one of the following:  (a) a person who has authority under the law of the place:  (i) to administer an oath, take an affirmation or carry out a comparable process; or  (ii) to witness the making of an affidavit or comparable document;  (b) a consular official who is performing official functions at the place;  (c) if the person making the affidavit is a member of the Australian Defence Force – a defence force officer;  (d) any other person authorised by an Act to witness the affidavit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Gaming Machine Act***  **Notice In Accordance with the *Information Act* (Information Privacy Principle 1)**  Licensing NT (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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |