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| Use this form to apply for a variation of a casino operative’s licence in accordance with Regulation 11 of the Gaming Control (Licensing) Regulations 1995.  Applicants must hold a current responsible service of gambling (RSG), and if required, responsible service of alcohol (RSA) in accordance with the licence duties listed below.  See the [casino employee licence](https://nt.gov.au/industry/gambling/licences/apply-for-a-casino-employee-licence) webpage further information on applicant requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensee name: | | | | | | |  | | | | | | | | | | | | | | | | Expiry date: | | | | | | | |  | | | | | | | | | | |
| Licence number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Date of birth: | | | | | | |  | | | | |
| Given name/s: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other name/s (if applicable): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | | |  | | | | | | | | | | | | | | | | | | | State: | |  | | | | | | | Postcode: | | | | | |  |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | | |  | | | | | | | | | | | | | | | | | | | State: | |  | | | | | | | Postcode: | | | | | |  |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | | | |  | | | | | | | | | | | | | | | | | | Mobile number: | | | | | | | | |  | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence via email? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| **Variation details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide details of the reasons for variation of licence below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current licence classification (select one): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key | Yes / No | | | | | | | | | | | | | | | Standard | | | | | Yes / No | | | | | | | | | | | | Trainee | | | | | | Yes / No | | |
| Do you wish to change the classification of your current licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Select your new classification below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key | Yes / No | | | | | | | | | | | | | | | Standard | | | | | Yes / No | | | | | | | | | | | | Trainee | | | | | | Yes / No | | |
| Current duties below (select applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration | | | Yes / No | | | | | | | | | | | Cashier | | | | | | | | | Yes / No | | | | | | | | Gaming | | | | | | | | Yes / No | | |
| Security | | | Yes / No | | | | | | | | | | | Surveillance | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | |
| Do you wish to change the duties of your current licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Select applicable duties below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration | | | Yes / No | | | | | | | | | | | Cashier | | | | | | | | | Yes / No | | | | | | | | Gaming | | | | | | | | Yes / No | | |
| Security | | | Yes / No | | | | | | | | | | | Surveillance | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | |
| **Other associated licences** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold a current NT private security officer and/or crowd controller licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide licence number below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | | | |  | | | | | | | | | | | | | | | | Expiry date: | | | | | | |  | | | | | | | | | | | | |
| **Employer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensed employer name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclosures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the Northern Territory or elsewhere, or since your last application, have you been arrested, charged, or summonsed for an offence, regardless of the disposition, excluding juvenile offences and minor traffic offences (including drink driving offences)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. In the Northern Territory or elsewhere, or since your last application, have you been convicted of an offence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. In the Northern Territory or elsewhere, or since your last application, have your salary, wages, earnings or other income ever been subject to garnishee order, attachment or the like? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. In the Northern Territory or elsewhere, or since your last application, have you ever had any article repossessed by a finance company or the like? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the Northern Territory or elsewhere, or since your last application, 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 | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been dismissed, discharged or asked to resign from any employment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. In the Northern Territory or elsewhere, or since your last application, are you currently, or have you ever been, in a partnership or as a director of a company or officer of an incorporated association, which has been wound up, placed into liquidation, had a receiver or other controller or administrator appointed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the Northern Territory or elsewhere, or since your last application, are you currently, or have you ever been, in a partnership or as a director of a company or officer of an incorporated association, where an investigation into the affairs of partnership, company or incorporated association has been authorised by the Australian Taxation Office, Australian Securities and Investments Commission or any other regulatory body or law enforcement agency in the Territory or elsewhere? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Holding the position of: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that the applicant:   * Has been tested in the duties of the intended position, and I am satisfied that they have sufficient competence to carry out the duties for which they will be licensed; and * Has attained the age of 18 years; and * Is of good repute having regard to character, integrity, honesty and responsibility; and * Has an adequate command of the English language for the purpose of performing the duties he or she proposes to perform; and * That I have viewed the original government issued licence or permit, and I can confirm the applicant’s identity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the applicant is successful, they will be employed in the capacity of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key | | Yes / No | | | | | | | | | | | | Standard | | | | | | Yes / No | | | | | | | | | | | Trainee | | | | | Yes / No | | | | | |
| With licence duties (select applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration | | Yes / No | | | | | | | | | | | | Cashier | | | | | | Yes / No | | | | | | | | | | | Gaming | | | | | Yes / No | | | | | |
| Security | | Yes / No | | | | | | | | | | | | Surveillance | | | | | | Yes / No | | | | | | | | | | | | | | | | | | | | | |
| This person will be employed in the position of: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| This declaration was made at (location): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | On (date): | | | | | |  | | |
| Employer signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I will notify Licensing NT within 7 days of any conviction in a court of law; and * I have read and understood the information contained in this application; and * I hereby consent to all probity investigations carried out by the 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; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration was made at (location): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | On (date): | | | | | |  | | |
| Applicant signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | | | | | | | | Post | | | | Yes / No | | | | | | | Collection | | | | | | Yes / No | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [casino employee licence](https://nt.gov.au/industry/gambling/licences/apply-for-a-casino-employee-licence) page for fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Complete and signed employer declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Complete and signed applicant declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **All duties** - RSG certificate attached – current unit of competency ‘SITHGAM001 Provide Responsible Gambling Services’. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Gaming and Security duties** - RSA certificate attached – current unit of competency ‘SITHFAB002 Responsible Service of Alcohol’ (RSA). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.  The information you provide will be accessible to Racing and Gaming and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the [Office of the Information Commissioner NT](https://infocomm.nt.gov.au/). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin: | | | | | | | | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katherine: | | | | | | | | | | Big Rivers Government Centre, 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek: | | | | | | | | | | Shop 2, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs: | | | | | | | | | | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: | | | |  | | | | | | | | | | | Receipt number: | | | | | | | | |  | | | | | | | | Amount paid: | | | | | |  | | | | |