**NOTIFICATION – ONE-OFF INCREASE MAXIMUM AMENDMENT**

### If insufficient space is available for responses please attach additional information.

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| **Information**During the ***trading period***, a licensee may notify the Commission about a proposed one-off increase in maximum authorisations for Class C gaming machines. The number of authorisations by which the licensee proposes to increase the maximum number of authorisations the licensee may have under the authorisation certificate cannot be more than the ***relevant number***. When the notifiable action is complete, a licensee may seek to fill the additional authorisation allocations by utilising the trading scheme pursuant to Divison 6A.6 of the *Gaming Machine Act 2004*.  relevant number, for a one-off increase maximum amendment of an authorisation certificate, means—  (a) if the licensee’s authorisation certificate is for less than 120 authorisations when the request is made—12; or  (b) in any other case—10% of the total number of authorisations allowed under the authorisation certificate, up to a maximum of 20.  trading period means the period commencing on the commencement of the Gaming Machine (Reform) Amendment Act 2015, section 4 and ending on the commencement of that Act, schedule 1 (Other amendments—compulsory surrender).  ***Note:*** *The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.* |

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| **SECTION 1 – Details of applicant.** | | | |
| Name of licensee (enter text) | | | Licence Number (enter text) |
| Postal address (enter text) | | | |
| Contact Person (enter text) | Telephone (enter text) | Facsimile (enter text) | |
| Email Address (enter text) | | | |
| Name of Authorised Premises (enter text) | | | Authorisation Certificate Number (enter Text) |
| Address of Authorised Premises (enter text) | | | |
| Number of Authorisations sought (enter text) | | | |

**AF2015-91**

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| **SECTION 2 - Documents that must accompany this notification.** |
| * Scale plans clearly showing the location, boundaries and dimensions of the areas in the premises where gaming machines are proposed to be installed should the application be successful. |

| **SECTION 3 – To be completed by authorised representative of licensee.** |
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| I (print or type full name of licensee’s representative)  on behalf of the (print or type name of licensee)  do hereby declare that the information on this notification form and the accompanying documentation is true and correct.  Signed  Position (print or type position held with licensee)  Date |

| **SECTION 4 – Important Information** |
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| * The prescribed fee must accompany this notification. * Please note that once this notification is submitted to the ACT Gambling and Racing Commission the application fee is non-refundable. * The prescribed fee is available on the Commission’s web site at [www.gamblingandracing.act.gov.au](http://www.gamblingandracing.act.gov.au) * Alternatively, you can contact the Commission on telephone number 02 6207 0359 for more information. * Mail this completed application to:   ACT Gambling and Racing Commission  PO Box 214  CIVIC SQUARE ACT 2608  Fax: 6207 7390  Email: [gaming.operations@act.gov.au](mailto:gaming.operations#@act.gov.au) |

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| **GAMING REGULATION SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART** | | | |
| NOTIFICATION FEE PAID | | YES | NO |
| AUTHORISED BY | DATE | YES | NO |

| **SECTION 5 – Details of Payment.** |
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| Please indicate by ticking the appropriate box which of the following will be the method of payment:  money order or cheque made payable to the ACT Gambling and Racing Commission; or  credit card (Visa or Master Card). Please complete the required details in the area below. |
| Payment by Credit Card. |
| Card type – Select one check box below for your card type:  Master Card; or  Visa.    Card Number:  Expiry Date:  Amount:  Name on Card:  Signature |

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| FINANCE SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART |
| Payment  Processed by: .......................................... Date......./........./............ Receipt Number: .......................................  (Authorised Officer) |