**APPLICATION TO TRANSFER AN IN-PRINCIPLE AUTHORISATION CERTIFICATE**

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

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| **SECTION 1 - Details of Applicant**An approval holder may apply to transfer an In-principle Authorisation Certificate to someone else.  |
| Name of applicant (enter text) | Licence number (enter text) |
| Postal address of applicant (enter text) |
| Current name of the proposed authorised premises (enter text) |
| Address of the proposed authorised premises (enter text) |
| Block (enter text) | Section (enter text) | Suburb (enter text) |
| Contact Person (enter text) | Telephone (enter text) | Facsimile (enter text) |
| Email Address (enter text) |
| Number of authorisations for gaming machines for which the in-principle authorisation certificate was approved (enter text) |

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| **SECTION 2 – Details of the *proposed new Approval Holder*** |
| Name of licensee (enter text) |  Licensee Number (enter text) |
| Postal address of licensee (enter text) |
| Proposed name of the transferred authorised premises (enter text) |
| Contact Person (enter text) | Telephone (enter text) | Facsimile (enter text) |
| Email Address (enter text) |

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| **SECTION 3 - Details of Directors and Influential Persons of Proposed New Approval Holder**For definition of Influential Person see s8 of the *Gaming Machine Act 2004*. |
| Name | Date of birth | Relationship to Proposed New Approval Holder |
|  |  |  |
| Address |
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| --- | --- | --- |
| Name | Date of birth | Relationship to Proposed New Approval Holder |
|  |  |  |
| Address |
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|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Relationship to Proposed New Approval Holder |
|  |  |  |
| Address |
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| --- | --- | --- |
| Name | Date of birth | Relationship to Proposed New Approval Holder |
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| Address |
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| --- | --- | --- |
| Name | Date of birth | Relationship to Proposed New Approval Holder |
|  |  |  |
| Address |
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|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Relationship to Proposed New Approval Holder |
|  |  |  |
| Address |
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| **SECTION 4 - Documents that must accompany this application.** |
| * Any contractual arrangement, or proposed contractual arrangement, relating to the use of the premises to which the application relates.
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| **SECTION 5– To be completed by authorised representative of the *approval holder* AND the *proposed approval holder*.** |
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| *Approval Holder* |
| I (print or type full name of ***approval holder’s*** representative)on behalf of the (print or type name of ***approval holder***)do hereby declare that the information on this notification form and the accompanying documentation is true and correct.Position (print or type position held with ***approval holder***)Signed Date |
| *Proposed Approval Holder* |
| I (print or type full name of ***proposed approval holder’s*** representative)on behalf of the (print or type name of ***proposed approval holder***)do hereby declare that the information on this notification form and the accompanying documentation is true and correct.Position (print or type position held with ***proposed approval holder***)Signed Date |

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

| **SECTION 6– Important Information** |
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| * The prescribed fee must accompany this application.
* 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 2608Fax: 6207 7390 Email: gaming.operations@act.gov.au  |

| **SECTION 7 – 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) |