

**NOTIFICATION - PROPOSED REMOVAL OF A GAMING MACHINE FROM GENERAL STORAGE**

If insufficient space is available for responses please attach additional information

**Details of Application**

The holder of a **General Purpose Permit** may seek approval to remove a stored gaming machine from storage so that it may be operated at the authorised premises (**proposed removal**).

**Note:** A Gaming Area Approval may be required if the size and location of the approved gaming area is to be changed to accommodate the stored gaming machines.

**SECTION 1 - Details of Licensee**

Name of licensee (enter text)

Licence Number (enter text)

Postal address (enter text)

Name of authorised premises (enter text)

Certificate Number (enter text)

Address of authorised premises (enter text)

Contact Person (enter text)

Telephone (enter text)

Email Address (enter text) *Approval or rejection of this application will be emailed to one representative of the licensee.*

**SECTION 2 - Details of Storage**

Location of Storage (enter text)

Expiry Date of Permit (enter text)

Proposed date of removal from storage (enter text)

Number of gaming machines to be removed from storage (enter text)

### SECTION 3 – Details of gaming machines to be removed from storage

#### Gaming Machine 1

Auth Number	Serial Number	Machine Name

#### Gaming Machine 2

Auth Number	Serial Number	Machine Name

#### Gaming Machine 3

Auth Number	Serial Number	Machine Name

#### Gaming Machine 4

Auth Number	Serial Number	Machine Name

#### Gaming Machine 5

Auth Number	Serial Number	Machine Name

#### Gaming Machine 6

Auth Number	Serial Number	Machine Name

#### Gaming Machine 7

Auth Number	Serial Number	Machine Name

#### Gaming Machine 8

Auth Number	Serial Number	Machine Name

#### Gaming Machine 9

Auth Number	Serial Number	Machine Name

#### Gaming Machine 10

Auth Number	Serial Number	Machine Name

#### SECTION 4 – To be completed by authorised representative of licensee.

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 application form and the accompanying documentation is true and correct.

Signed:

Position (print or type position held with licensee):

Date:

#### Lodgement and payment methods

This form should be lodged via email to [gaming.operations@act.gov.au](mailto:gaming.operations@act.gov.au)

Once you have lodged the form you can make payment via the following methods:

**Credit Card:**

Please click on the following link to make payment:

<https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-gaming&Acc=GASR>

**Other payment method:**

If you wish to pay via an alternate method, please contact us on 02 6207 2343

Your application will not be assessed until payment has been received.

Please note that the licence fee is GST exempt. Once this application 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 02 6207 2343 for more information.