



RACE AND SPORTS BOOKMAKING ACT 2001, s6

APPLICATION FOR A RACE BOOKMAKING LICENCE

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

Information for Applicants

1. The applicant is required to provide a National Police Check upon making an application for a race bookmaker's licence.
2. As part of the application process an applicant is required to undergo fingerprinting through the Australian Federal Police (AFP) or from the applicant's local police jurisdiction. The original fingerprints, National Police Check Application (See attached) and 100 points of ID must be posted to:

AFP Criminal Records
Attn: Team Leader
GPO BOX 401
CANBERRA ACT 2601
3. The applicant is to attach a copy of their current driver's licence, passport and full birth certificate.
4. The applicant is to pay the determined application fee at the time of applying for a race bookmaker's agent licence. Once we receive the application, we will contact you to make the payment. No refund of the application fee will be made. Licenses commence on 1 July and are issued for a three-year period only. A schedule of the current determined fees is available at the following link: [Race Bookmakers Licence - ACT Gambling and Racing Commission](#)
5. Failure to provide true, correct and full disclosure to any questions in this form may bring into question the suitability of the applicant.
6. An incomplete application may also result in the Commission not considering the application further.
7. When completed, this application form should be forwarded to:
Email: gaming.operations@act.gov.au ; or
Post: Licensing Officer
Liquor and Gaming Licensing
ACT Gambling and Racing Commission
GPO Box 158
CANBERRA ACT 2601

Application for Race Bookmaker's Licence

Section 1 – Personal Information			
Name			
Family Name			
Given Names			
Aliases, Nicknames, Maiden Names or other names by which you			
Date of Birth		Place of Birth	
Residential Address			
Street			
Suburb			
State/Territory		Postcode	
Postal Address (if different to residential address)			
Street/ PO Box No			
Suburb			
State/Territory		Postcode	
Contact Details			
Home Phone		Business Phone	
Mobile Phone			
Email address			
Marital Information			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Defacto <input type="checkbox"/> Widowed		
Date and Place of marriage			
Spouse/Defacto details			
Family Name			
Given Names			
Aliases, Nicknames, Maiden Names or other names by which you have been known			

Section 1 – Personal Information Continued	
Occupation Details	
Occupation	
Employer	
Employer's Business Address	
Employer Contact Name	
Contact phone	
Contact Email address	

Section 2 – Arrests, Detentions and Litigation	
Have you ever been convicted or found guilty of an offence against a gaming law in the ACT or a corresponding law in any other state or territory?	Y / N
Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending?	Y / N
Have you ever had a judgement returned against you?	Y / N
Have you ever been suspended, fined, disqualified or warned off by any thoroughbred, harness or greyhound racing club, or any other sporting body or tribunal?	Y / N
Have you ever incurred liabilities in connection with betting transactions that you have not discharged in full?	Y / N
Have you ever been refused or had a Bookmaker's Licence, suspended in another State or Territory?	Y / N
Have you ever been dismissed, discharged or asked to resign from any employment?	Y / N
Have you at any time been engaged in bookmaking operations in any capacity or otherwise involved in the racing industry?	Y / N
If you answer YES to any of the above include further details below or include additional documents	

Section 3 – Business History			
List all corporations, partnerships, joint ventures or any businesses which you have, and are currently associated with, which you have actively participated in the management or operation thereof as a director, office holder, partner or other capacity. Use an attachment page if required			
Name of Organisation	ACN/ABN	Capacity	Dates affiliated
Have you ever held an executive position with any company that has either been in, or is about to be placed in, liquidation or receivership			Y / N
Have you ever become bankrupt or taken advantage of the laws relating to bankruptcy or insolvency?			Y / N
Have your salary, wages, earnings or other income been subject to garnishee order, attachment or similar?			Y / N
Have you ever had any article repossessed by a finance company or similar?			Y / N
Have you ever had any association with any tax avoidance or evasion schemes? In this regard, I understand that the Commissioner of Taxation states a “tax evasion” and “tax avoidance scheme” as follows:			Y / N
<p>Tax Evasion: <i>"... an illegal act, omission or arrangement by which it is sought to escape the assessment or payment of tax. It includes the failure to lodge tax returns, an omission or understatement of income in a return form and a false or excessive claim for a tax reduction or rebate".</i></p> <p>Tax Avoidance Scheme: <i>"... in broad terms, a scheme which, objectively viewed, would be regarded as having been entered into for the sole or dominant purpose of acquiring a tax advantage. It does not include an ordinary commercial or family dealing which would be regarded as not having a dominant tax purpose. Nor does it include a declaration, election, selection, notice or option expressly provided for in the tax laws unless that declaration, etc. formed part of a wider tax avoidance scheme".</i></p>			

Application for Race Bookmaker's Licence

Section 4 – Referees			
Character Referees			
Nominate three persons who are not related to you and who have known you for a period preferably during the last five years. Referees may be asked to appraise your character and reputation.			
Full Name			
Address			
Occupation		Years Known	
Phone No		Email address	
Full Name			
Address			
Occupation		Years Known	
Phone No		Email address	
Full Name			
Address			
Occupation		Years Known	
Phone No		Email address	
Business Referees			
Nominate three persons who are not related to you and who have known you for a period preferably during the last five years. Referees may be asked to appraise your business conduct and reputation.			
Full Name			
Address			
Occupation		Years Known	
Phone No		Email address	
Full Name			
Address			
Occupation		Years Known	
Phone No		Email address	
Business Referees <i>Cont...</i>			
Full Name			
Address			
Occupation		Years Known	
Phone No		Email address	

Application for Race Bookmaker's Licence

Section 5 – Financial Statement		
Income		
Indicate sources of all income and other benefits received for your use or disposal whether as a result of your employment or association with any corporation, partnership, joint venture or business or otherwise for the last five (5) years.		
Financial Year	Source	Amount \$
Assets		
Financial Institution Deposits		
Name of Financial Institution		Amount \$
Other Cash Assets		
Details		Amount \$
Other Assets (eg property, investments)		
Details		Net Value/Equity \$

Application for Race Bookmaker's Licence

Liabilities	
Financial Intuition Loans	
Name of Financial Institution	Amount Owning \$
Other Loans	
Details	Amount Owning \$
Other Liabilities (eg credit cards)	
Details	Amount owing \$
Contingent Liabilities (i.e. Liabilities of an indefinite or unspecified nature for which you may become liable in the future)	
Details	\$

Section 6 – Declaration by Applicant

1. I have read and fully understand the instructions for completing the Application for a Race Bookmaking Licence;
2. I have personally completed and attached to this declaration the following forms;
3. *Consent to obtain personal information*;
4. I have attached to this declaration the following documents;
5. copies of all driver's licences and passports held by me;
6. a copy of my full birth certificate;
7. a copy of the Race Bookmaker's security guarantee in force for the duration of the period for which the licence has been requested;
8. I am the person identified in this document;
9. I have personally completed this form or have supplied all the information indicated herein; and
10. I certify that the particulars contained herein and all matters accompanying this form are true and correct in every detail and fully disclose the information required to be completed;

I, _____, do hereby declare that the information in this document is true and correct.

Signed: _____ **Date:** _____

Note: I understand that giving false or misleading information in this document is a serious offence under the *Criminal Code 2002*, which, on conviction, can result in a fine or imprisonment.

Attachment A

CONSENT TO OBTAIN PERSONAL INFORMATION

(for categories where FULL EXCLUSION has been granted from spent convictions legislation)

I.....hereby:
(Full name - **BLOCK LETTERS** and in **INK**)

- (i) acknowledge that I have read *Information for Applicants* provided with this Form and understand that I am being considered my suitability to be involved with a Sports Bookmaking Licence for which a full exclusion (see below) has been granted from the Spent Convictions Scheme, and that consequently I must declare all convictions and findings of guilt recorded or pending that relate to me;

The nature of the exclusion is as follows: a regulatory full exclusion applies pursuant to Section 19(7) of the *Spent Convictions Act 2000* (ACT). Section 9 of the *Spent Convictions Act 2000* (ACT) states the Act applies to convictions against non-ACT laws.

- (ii) certify that the personal information I have provided on both the front and back of this form relates to me and is correct;
- (iii) consent to the **ACT GAMBLING AND RACING COMMISSION** forwarding this form to the Australian Federal Police (AFP) and/or the Police Services of a State or Territory of the Commonwealth of Australia and providing relevant information to the organisation;
- (iv) specify entitlement applied for: **ACT Race Bookmaking Licence**
- (v) consent to the AFP or other relevant Australian police force(s) extracting from their records copies of traffic violations, and/or traffic records relating to me pending before a Court and/or details of convictions or findings of guilt which are pending or have been recorded against me, which are not covered by Part VIIC of the Crimes Act 1914 dealing with spent convictions, and providing such information to the ACT Gambling and Racing Commission; and
- (vi) acknowledge that any information provided by me on this form or by the police as a result of the records check may be taken into account by the ACT Gambling and Racing Commission in assessing my suitability to receive the entitlement.

Signature..... Date / /

Note: The information you provide on this form and which the police provide to this organisation on receipt of the form, will be used only for the purpose stated above unless statutory obligations require otherwise.