

APPLICATION FOR TRANSFER OF A MULTI-USER PERMIT FOR A LINKED JACKPOT ARRANGEMENT

SECTION 1	DETAILS OF APPLICANT
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Name of Applicant	
Trading Name	
Street Address	
ABN	
Postal Address	

Contact Person/s	Phone	Facsimile	Email

SECTION 2	DETAILS OF TRANSFEROR
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Name of Applicant	
Trading Name	
ABN	
Street Address	
Postal Address	

Contact Person/s	Phone	Facsimile	Email

SECTION 3	DETAILS OF EACH DIRECTOR (For Corporations Only)
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Name	Date of Birth	Address	Position on Board

SECTION 4**DETAILS OF RELEVANT INFLUENTIAL PERSON (as defined under section 8 of the Act)**

Name	Date of Birth	Address	Relationship to Applicant

SECTION 5**DOCUMENTS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION**

Document/Information required	Gaming Machine Act/Regulation Reference
Non-club Applicants	
Criminal history checks (including fingerprint checks) from the Australian Federal Police covering a period of at least the last five years from each director, executive officer and influential person (where a person has been domiciled overseas for any length of time during the last 5 years that person will also need to provide a criminal history check from the national law enforcement agency of the nation in which the person was domiciled).	s 17(3)(a); 8
All Applicants	
Copy of all contracts relating to the transfer of the Permit to operate a linked-jackpot arrangement	Reg 61 (1)
Completed Statutory Declaration included as part of this application form for each director, executive officer or influential person of the organisation. .	s 6 (1)
Copy of all contractual arrangements between applicant and proposed linked licensees including but not limited to: - link service fee; - maximum potential linked jackpot amount; - consent from licensee; and - collection of linked jackpot contributions.	s 139(3) Reg 57 Reg 59 Reg 60
Details of jackpot trust account and signatories	Reg 56

SECTION 6	FEES PAYABLE (s135 (1))
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Total Remittance Due	\$
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SECTION 7	DECLARATION BY TRANSFEREE
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I _____ of _____	
<i>(print full name)</i>	<i>(name of applicant)</i>
do hereby apply for the transfer of Multi-user Linked Jackpot Permit number MU__/____. I declare that the information on this application form and the accompanying documentation is true and correct and that all financial arrangements have been declared.	
Signature:	
Position:	Date ____/____/____

SECTION 8	FINANCIAL PARTICULARS (Reg 61 (1))
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Details of the invoice or sale contract for acquisition including any proposed order must be attached.

Total Purchase Price (inc GST)	\$
Source of Finance	
1. Cash from Licensees's funds:	\$
Name of institution	
Address	
2. Other Source	\$
Type of financial agreement*	
Provider of finance	
Address of provider	
Duration of agreement	Years : Months:

***A copy of the financial contract must accompany this application**

LODGEMENT AND PAYMENT METHODS

This form should be lodged via email to gaming.operations@act.gov.au

You will be contacted for payment once your application 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

Alternatively, you can contact the Commission on 02 6207 2343 for more information.

THIS SECTION FOR OFFICE USE ONLY

	Yes	No		
Application Fee Paid	<input type="checkbox"/>	<input type="checkbox"/>		
Application Approved	<input type="checkbox"/>	<input type="checkbox"/>	SIGNATURE:	Permit Number:
Financial Arrangement Approved	<input type="checkbox"/>	<input type="checkbox"/>	DATE: ____/____/____	Expiry Date ____/____/____