

RACE AND SPORTS BOOKMAKING ACT 2001
APPLICATION FOR A RACE BOOKMAKER'S AGENT LICENCE

Information for Applicants

1. The applicant is required to have their finger prints and palm prints taken by a police officer at a police station upon making an application for a race bookmaker's agent licence.
2. A letter from the Commission will be provided enabling an ACT applicant to have their finger prints and palm prints taken by a police officer in the ACT.
3. An interstate applicant may have their finger prints and palm prints taken at a local police station, a letter can also be provided if required.
4. The applicant is to attach a copy of their current driver's licence, passport and full birth certificate.
5. The applicant is to pay the determined application fee at the time of applying for a race bookmaker's agent licence. No refund of the application fee will be made. Upon an application being approved, the determined fee for issue of the licence must be paid. Licences commence on 1 July and are issued for a two year period only. A schedule of the current determined fees is available at the following link:

<http://www.gamblingandracing.act.gov.au/Fees.htm>

6. Failure to provide true, correct and full disclosure to any questions in this form may bring into question the suitability of the applicant.
7. An incomplete application may also result in the Commission not considering the application further.
8. If the space provided is insufficient to answer a question, please present relevant information on a separate attachment page. An attachment page can be located at the back of this document.
9. When completed, this application form and determined fee should be forwarded to:

MANAGER
RACING and WAGERING
ACT GAMBLING and RACING COMMISSION
PO BOX 214
CIVIC SQUARE ACT 2608

Declaration by Licensed Race Bookmaker

I, _____
(Full name - **BLOCK LETTERS** and in **INK**)

of _____
(state permanent postal address only - **BLOCK LETTERS** and in **INK**)

hereby declare:

- (a) I make application for a Race Bookmaker's Agent Licence for the person nominated in this application pursuant to section 12 of the *Race and Sports Bookmaking Act 2001*; and
- (b) The person nominated in this application is the person in the photograph attached.

Signature of Race Bookmaker: _____

Date: _____

ACT Race Bookmaking Licence No. _____

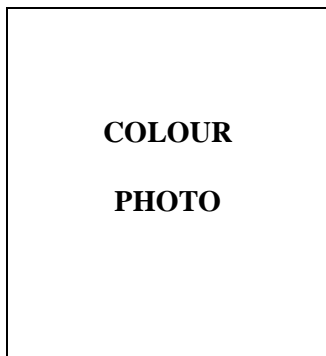
COMMERCIAL - IN- CONFIDENCE
Declaration by Nominated Person

STATUTORY DECLARATION
Statutory Declarations Act 1959

I, _____
(Full name, address and occupation of person making the declaration)

make the following declaration under the *Statutory Declarations Act 1959*:

- 1) I have read and fully understand the instructions for completing the Application for a Race Bookmaker's Agent Licence;
- 2) I have personally completed and attached to this declaration the following forms;
 - a) *Consent to obtain personal information*;
 - b) *Declarations and questionnaire*;
- 3) I have attached to this declaration the following documents;
 - a) copies of all driver's licences and passports held by me;
 - b) a copy of my full birth certificate;
- 4) I am the person identified in this document and the person in the photograph attached below;
- 5) I have personally completed this form or have supplied all the information indicated herein;
- 6) 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; and
- 7) I have signed each page of this application form.



Date of Photograph: _____

Signature: _____

Date of signature: _____

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Declared at _____
on the _____ **day of** _____, **20** _____,

Signature of person making the declaration

Before me, _____
Signature of Witness

Full name, qualification and address of person before whom the declaration is made
(Witness must be an approved person under the *Statutory Declarations Act 1959*)

NOTE 1. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the *Statutory Declarations Act 1959*.
NOTE 2. Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* - see section 5A of the *Statutory Declarations Act 1959*.

STAFF IN CONFIDENCE

Commonwealth of Australia

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: **RACE BOOKMAKER'S AGENT 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.

Personal Particulars

Full Exclusion (Reverse)

Surname (present)		All other surnames used	
Given names		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth	Town / city of birth	State / country of birth	
Contact phone Number	Drivers licence number	State	

Permanent Residential Address Over Last Ten Years

If full details of previous addresses are unavailable details of town(s) and state(s) will suffice. <i>Attach list if insufficient room.</i>	If actual dates are unavailable, Details of year of residence will suffice
Current	Period of residence / / to / /
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /

CRIMINAL/TRAFFIC CHARGE, CONVICTION OR PECUNIARY PENALTIES

Are you the subject of any traffic violations, criminal or traffic charge(s) still pending before a court? Yes No

Do you have any conviction(s) or finding(s) of guilt? Yes No

If you answered YES to any of the above questions, please attach details:

<p><u>USER CODE - 88</u></p> <p>RACING SECTION ACT GAMBLING and RACING COMMISSION PO BOX 214 CIVIC SQUARE ACT 2608 ATTENTION: MANAGER RACING</p>	<p><u>Police Use Only</u></p> <p>Australian Federal Police NOT RECORDED / RECORDED</p> <p>Signature:</p> <p>Date:/...../.....</p> <p>For Commissioner Australian Federal Police</p>
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PERSONAL INFORMATION

Date compiled: / /

NAME									
1A	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">Family Name</td> <td style="width:75%;"></td> </tr> <tr> <td style="padding: 2px;">Given Name</td> <td></td> </tr> <tr> <td style="padding: 2px;">Middle Name(s)</td> <td></td> </tr> <tr> <td style="padding: 2px;">Alias(es), Nicknames, Maiden Names, other names by which you have been known.</td> <td> </td> </tr> </table>	Family Name		Given Name		Middle Name(s)		Alias(es), Nicknames, Maiden Names, other names by which you have been known.
Family Name									
Given Name									
Middle Name(s)									
Alias(es), Nicknames, Maiden Names, other names by which you have been known.								

ADDRESSES	
1B	<p>Current Residential Address: Street: _____ Suburb: _____ State: _____ Postcode: _____</p> <hr/> <p>Postal Address (if different to residential address): Street: _____ Suburb: _____ State: _____ Postcode: _____</p> <hr/> <p>Contact Details:</p> <p>Home : _____</p> <p>Business : _____</p> <p>Mobile : _____</p> <p>Other : _____</p> <p>Fax : _____</p>

OCCUPATION	
1C	Occupation:
	Current Business Address: Street: _____ Suburb: _____ State: _____ Postcode: _____
BIRTH DETAILS	
1D	Date of Birth: / / Sex: Male / Female
	Place of Birth (City, State, Country) <i>*You must provide a copy of your full birth certificate</i>
MARITAL INFORMATION	
1E	Marital Status Single Married Divorced Defacto Widowed
	Date and Place of Marriage:
	Full Name of Spouse/Defacto:
	Maiden Name (as applicable) of Spouse/Defacto:
	Date of Birth of Spouse/Defacto: / /
	Place of Birth of Spouse/Defacto:
FATHER DETAILS	
1F	Full Name:
	Date of Birth: / /
	Place of Birth:
	Usual Occupation:
MOTHER DETAILS	
1G	Full Name:
	Date of Birth: / /
	Place of Birth:
	Usual Occupation:

BROTHERS AND SISTERS				
1H	List all, including half/step brothers and sisters.			
	Full Name	Relationship	Occupation	Date of Birth
1				
2				
3				
4				
CHILDREN				
1I	List all, including step or adopted children.			
	Full Name	Relationship	Occupation	Date of Birth
1				
2				
3				
4				
5				

PASSPORT AND TRAVEL INFORMATION

2A	Passport Number:				
	Country:				
	Place of Issue:				
	Date of Issue: / /		Date of Expiration: / /		
	If you are the holder of more than one passport, please include information on an attachment page.				
2B	Have you travelled out of Australia during the past five (5) years? If yes, complete the following:				
	Date of Departure	Date of Return	Country	Reason for Travel	Period Abroad

* You must provide a copy of your passport

RESIDENCES

3	List all addresses at which you have resided over during the last ten (10) years in Australia or elsewhere, beginning with your current address and working backwards. (Approximate dates are acceptable but no period of time should be unaccounted for)				
	Month and Year (From – To)	Street Address	Suburb	State	Postcode

BUSINESS HISTORY, ARRESTS, DETENTIONS AND LITIGATION					
4A	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? If YES, furnish details on an attachment page.			Yes/No	
4B	Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? If YES, furnish details on an attachment page.			Yes/No	
4C	Have you ever had a judgement returned against you? If YES, furnish details on an attachment page.			Yes/No	
4D	Have you ever been suspended, fined, disqualified or warned off for any corrupt or improper practice in connection with any sport? If YES, furnish details on an attachment page.			Yes/No	
4E	Have you ever been refused or had a sports bookmaking licence, sports bookmaker's agent licence or a sports bookmaker's clerk licence suspended in another State or Territory? If YES, furnish details on an attachment page.			Yes/No	
4F	Have you ever been dismissed, discharged or asked to resign from any employment? If YES, complete the following:			Yes/No	
	Date	Name and Address of Employer	Supervisor's Name		Reason
4G	Have you ever become bankrupt or been declared bankrupt or insolvent? If YES, furnish particulars on an attachment page.			Yes/No	
4H	Has your salary, wages, earnings or other income been subject to garnishee order, attachment or similar action? If YES, furnish details on an attachment page.			Yes/No	
4I	Have you ever had any article repossessed by a finance company, bailiff or similar? If YES, furnish details on an attachment page.			Yes/No	
4J	Directorships and Business Affiliations: 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. If insufficient space use an attachment page.				
	Name of Organisation	ACN/ABN	Capacity	Current / Date when Ceased	

COMMERCIAL - IN- CONFIDENCE

4K	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? If yes, supply details on an attachment page.			Yes/No																				
4L	Have you previously been engaged in bookmaking operations in any capacity or employed in the Gambling Industry? If Yes, record below.			Yes/No																				
<table border="1"> <thead> <tr> <th data-bbox="225 405 376 472">Date From - To</th> <th data-bbox="376 405 852 472">Name and Address of Employer</th> <th data-bbox="852 405 1078 472">Supervisor's Name</th> <th colspan="2" data-bbox="1078 405 1477 472">Reason for Leaving</th> </tr> </thead> <tbody> <tr> <td data-bbox="225 472 376 528"> </td> <td data-bbox="376 472 852 528"> </td> <td data-bbox="852 472 1078 528"> </td> <td colspan="2" data-bbox="1078 472 1477 528"> </td> </tr> <tr> <td data-bbox="225 528 376 584"> </td> <td data-bbox="376 528 852 584"> </td> <td data-bbox="852 528 1078 584"> </td> <td colspan="2" data-bbox="1078 528 1477 584"> </td> </tr> <tr> <td data-bbox="225 584 376 640"> </td> <td data-bbox="376 584 852 640"> </td> <td data-bbox="852 584 1078 640"> </td> <td colspan="2" data-bbox="1078 584 1477 640"> </td> </tr> </tbody> </table>					Date From - To	Name and Address of Employer	Supervisor's Name	Reason for Leaving																
Date From - To	Name and Address of Employer	Supervisor's Name	Reason for Leaving																					
CHARACTER REFERENCES																								
5	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.																							
1.	Full Name:																							
	Address:																							
	Occupation:																							
	Telephone:	Years Known:																						
2.	Full Name:																							
	Address:																							
	Occupation:																							
	Telephone:	Years Known:																						
3.	Full Name:																							
	Address:																							
	Occupation:																							
	Telephone:	Years Known:																						

EMPLOYMENT		
6 1.	Beginning with your current employment, list your work history, including all businesses with which you have been involved during the last ten (10) years. Approximate dates are acceptable but no period of time should be unaccounted for. If not enough space, provide details on an attachment page.	
	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
2.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
3.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
4.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
5.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:

FINANCIAL STATEMENT				
7A	STATEMENT OF ASSETS			
	As at/...../..... (i.e. date of this Statement or recent date) (NOTE: Describe fully. If additional space is required, use attachment pages).			
	CURRENT ASSETS			
	Financial Institution	Branch	Account Number	Amount
				\$
				\$
				\$
				\$
				\$
				\$
	CASH OTHERWISE HELD			
	Details			Amount
				\$
				\$
				\$
	DEBTS OWING TO YOU			
	Details		Due Date	Amount
				\$
				\$
				\$
				\$
	OTHER CURRENT ASSETS			
	Details			Amount
				\$
				\$
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

FINANCIAL STATEMENT					
INVESTMENTS					
List all shareholdings (including those beneficially held), Bonds, Debentures, Notes etc.					
Company Details	ACN	No: Held	Year Acquired	Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
INVESTMENTS (other than those listed above)					
Description				Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
FIXED ASSETS					
Real Estate (Own residence and other properties)					
Location and Description			Year Acquired	Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
OTHER ASSETS					
Motor vehicles, caravan, boat, furniture, jewellery, antiques, collections etc					
Description				Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL ASSETS				\$	

FINANCIAL STATEMENT					
7B	STATEMENT OF LIABILITIES				
	As at (i.e. date of this Statement or recent) (NOTE: Indicate secured liabilities. If additional space is required, use attachment pages).				
	MORTGAGES, LOANS AND OTHER LONG TERM LIABILITIES				
	Financial Institution and Branch	Maturity Date	Monthly Repayment	Amount of Loan	Amount Outstanding
				\$	\$
				\$	\$
				\$	\$
	CREDIT CARD AND OTHER LIABILITIES				
	Name and Address of Lender			Monthly Payment	Amount Outstanding
				\$	\$
			\$	\$	
			\$	\$	
OTHER CURRENT LIABILITIES (Indicate details of Creditor)					
Details				Amount	
				\$	
				\$	
				\$	
CONTINGENT LIABILITIES (i.e. Liabilities of an indefinite nature or unspecified amount for which you may become liable in the future.) Please provide details. _____ _____ _____ _____					
TOTAL LIABILITIES			\$		

