

**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)	Facsimile (enter text)
Email Address (enter text) <i>Approval or rejection of this application will be emailed to <u>one</u> representative of the licensee.</i>		

**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)

AF2015-93

**SECTION 3 - To be completed by authorised representative of licensee.**

I (print or type full name of licensee representative)

on behalf of the (print or type name of licensee)

do hereby declare that the information on this application form is true and correct.

Signed

Position (print or type position held with licensee)

Date

**SECTION 4 - Details of Gaming Machines to be stored** (copy this page for additional machines)

<b>GAMING MACHINE 1</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 2</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 3</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 4</b>		<b>ID Number</b>	
Serial Number	Machine Name		

<b>GAMING MACHINE 5</b>		<b>ID Number</b>	
Serial Number	Machine Name		

**GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART**

<b>AUTHORISED BY</b>	<b>DATE</b>

**IMPORTANT INFORMATION**

- The prescribed fee must accompany this application.
- Please note that 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:  
<http://www.gamblingandracing.act.gov.au/gambling/gaming-machines>
- 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 2608  
Fax: 6207 7390  
Email: [gaming.operations@act.gov.au](mailto:gaming.operations@act.gov.au)

**SECTION 5 – Details of Payment.**

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

**FINANCE SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART**

Payment

Processed by: ..... Date...../...../..... Receipt Number: .....  
(Authorised Officer)