**NOTIFICATION - SURRENDER OF LICENCE, AUTHORISATION CERTIFICATE OR AUTHORISATIONS**

If insufficient space is available for responses please attach additional information

# **Details of Application**

# A licensee may surrender a licence, authorisation certificate or authorisation.

(please tick relevant option)

surrender a licence;

surrender an authorisation certificate;

surrender authorisations.

***Note:*** *The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.*

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| SECTION 1 - Details of Applicant |
| 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) |

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| SECTION 2 - Details of Disposal (if Interim Storage is not required) |
| How and to whom gaming machine is to be disposed (enter text) |

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| SECTION 3– Details of Interim Storage (if storage is required) |
| Will the premises be used to store machines from 2 or more licensees? (enter text)  Please list additional licensees utilising the storage premises. |
| Type of premises where gaming machines will be stored (enter text) |
| Address where gaming machines will be stored (enter text) |
| State proposed commencement date of storage, duration of storage. |

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| SECTION 4 – Details of gaming machines to be disposed of or stored |

**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 |
|  |  |  |

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| SECTION 5 - Documents that must accompany this application. |
| *Surrender of Licence* |
| * Original licence; * Authorisation certificates relating to the licence; * Authorisation schedules relating to the licence; * Evidence that a majority of voting members of the club who voted in a ballot conducted under a regulation voted for the club surrendering the authorisation certificate or that a vote would not be practical.   ***Please Note****: Details of turnover and total win meter readings from all gaming machines and*  *A Monthly Tax Return and funds must be given to the Commission within the prescribed number of days.* |
| *Surrender of Authorisation Certificate or Surrender of Authorisations* |
| * Original authorisation certificate; * Authorisation schedule relating to the authorisation certificate; * Evidence that a majority of voting members of the club who voted in a ballot conducted under a regulation voted for the club surrendering the authorisation certificate or that a vote would not be practical.   ***Please Note:*** *Details of turnover and total win meter readings from all gaming machines and*  *A Monthly Tax Return and funds must be given to the Commission within the prescribed number of days.* |

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| SECTION 6 – 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 notification form and the accompanying documentation is true and correct.  Signed:  Position (print or type position held with licensee):  Date: |

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| Lodgement and payment methods |
| This form should be lodged via email to [gaming.operations@act.gov.au](mailto:gaming.operations@act.gov.au)  Note: Payment is only required if an interim storage permit is required  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=GAIS*](https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-gaming&Acc=GAIS)  Other payment method:  If you wish to pay via an alternate method, please contact us on 02 6207 2343  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. |