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

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| **SECTION 1** | **DETAILS OF APPLICANT** |

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| Name of Applicant |  |
| **Trading Name** |  |
| **Street Address** |  |
| **ABN** |  |
| **Postal Address** |  |

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| **Contact Person/s** | **Phone** | **Facsimile** | **Email** |
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| **SECTION 2** | **DETAILS OF TRANSFEROR** |

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| Name of Applicant |  |
| **Trading Name** |  |
| **ABN** |  |
| **Street Address** |  |
| **Postal Address** |  |

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| **Contact Person/s** | **Phone** | **Facsimile** | **Email** |
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| **SECTION 3** | **DETAILS OF EACH DIRECTOR (For Corporations Only)** |

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| Name | Date of Birth | Address | Position on Board |
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| **SECTION 4** | **DETAILS OF RELEVANT INFLUENTIAL PERSON (as defined under section 8 of the Act)** |

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| Name | Date of Birth | Address | Relationship to Applicant |
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| **SECTION 5** | **DOCUMENTS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION** |

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| 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 |

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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(print full name) (name of applicant)* |
| **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**\_\_\_\_\_**/\_**\_\_\_**\_/**\_\_\_\_\_\_\_ |

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| **SECTION 8** | **FINANCIAL PARTICULARS (Reg 61 (1) )** |

**Details of the invoice or sale contract for acquisition including any proposed order must be attached.**

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| **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***

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| **LODGEMENT AND PAYMENT METHODS** |

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| This form should be lodged via email to [gaming.operations@act.gov.au](mailto: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](http://www.gamblingandracing.act.gov.au)  Alternatively, you can contact the Commission on 02 6207 2343 for more information. |

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| **THIS SECTION FOR OFFICE USE ONLY** |

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|  | Yes | No |  |  |
| **Application Fee Paid** |  |  |  |  |
| **Application Approved** |  |  | **SIGNATURE:** | **Permit Number:** |
| **Financial Arrangement Approved** |  |  | **DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **Expiry Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |