**APPLICATION TO TRANSFER AN IN-PRINCIPLE AUTHORISATION CERTIFICATE**

### If insufficient space is available for responses please attach additional information.

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| SECTION 1 - Details of ApplicantAn approval holder may apply to transfer an In-principle Authorisation Certificate to someone else.  |
| Name of applicant (enter text) |
| Licence number (enter text) |
| Postal address of applicant (enter text) |
| Current name of the proposed authorised premises (enter text) |
| Address of the proposed authorised premises (enter text) |
| Block (enter text) |
| Section (enter text) |
| Suburb (enter text) |
| Contact Person (enter text) |
| Telephone (enter text) |
| Email Address (enter text) |
| Number of authorisations for gaming machines for which the in-principle authorisation certificate was approved (enter text) |

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| SECTION 2 – Details of the *proposed new Approval Holder* |
| Name of licensee (enter text) |
| Licensee Number (enter text) |
| Postal address of licensee (enter text) |
| Proposed name of the transferred authorised premises (enter text) |
| Contact Person (enter text) |
| Telephone (enter text) |
| Email Address (enter text) |

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| SECTION 3 - Details of Directors and Influential Persons of Proposed New Approval Holder *For definition of Influential Person see s8 of the Gaming Machine Act 2004.* |
| **Person 1** |
| Name (enter text) |
| Date of birth (enter text) |
| Relationship to Proposed New Approval Holder (enter text) |
| Address (enter text) |
| **Person 2** |
| Name (enter text) |
| Date of birth (enter text) |
| Relationship to Proposed New Approval Holder (enter text) |
| Address (enter text) |
| **Person 3** |
| Name (enter text) |
| Date of birth (enter text) |
| Relationship to Proposed New Approval Holder (enter text) |
| Address (enter text) |
| **Person 4** |
| Name (enter text) |
| Date of birth (enter text) |
| Relationship to Proposed New Approval Holder (enter text) |
| Address (enter text) |
| **Person 5** |
| Name (enter text) |
| Date of birth (enter text) |
| Relationship to Proposed New Approval Holder (enter text) |
| Address (enter text) |

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| SECTION 4 - Documents that must accompany this application. |
| * Any contractual arrangement, or proposed contractual arrangement, relating to the use of the premises to which the application relates.
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| SECTION 5– To be completed by authorised representative of the *approval holder* AND the *proposed approval holder*. |
| *Approval Holder* |
| 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 application form and the accompanying documentation is true and correct.Signed:Position (print or type position held with licensee):Date: |
| *Proposed Approval Holder* |
| 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 application 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.auOnce 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=GAIT*](https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-gaming&Acc=GAIT)Other payment method:If you wish to pay via an alternate method, please contact us on 02 6207 2343Your application will not be assessed until payment 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. |