

CONFIDENTIAL



..... APPLICATION/ LICENCE NUMBER

RACING, GAMING AND LICENSING

Gaming Control (Licensing) Regulations
Gaming Control (Internet Gaming) Regulations

- APPLICATION FOR A CASINO EMPLOYEE'S LICENCE
- APPLICATION FOR THE RENEWAL OF A CASINO EMPLOYEE'S LICENCE
- APPLICATION FOR AN INTERNET GAMING EMPLOYEE'S LICENCE
- APPLICATION FOR THE RENEWAL OF AN INTERNET GAMING EMPLOYEE'S LICENCE

.....
(Print Surname)

.....
(Print Initials)

- | | | |
|-------------------|-----------------------------|--------------------------|
| Application for a | Casino Key Licence | <input type="checkbox"/> |
| | Internet Gaming Key Licence | <input type="checkbox"/> |
| | Standard Licence | <input type="checkbox"/> |
| | Trainee Licence | <input type="checkbox"/> |
| Classification | Administration | <input type="checkbox"/> |
| | Cashier | <input type="checkbox"/> |
| | Gaming | <input type="checkbox"/> |
| | Security | <input type="checkbox"/> |
| | Surveillance | <input type="checkbox"/> |

Internet Gaming Classification.....

TICK ✓ APPLICABLE LICENCE AND CLASSIFICATION

Gaming Control (Licensing) Regulations

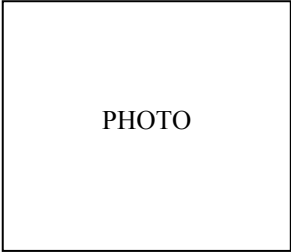
SCHEDULE OF FEES

Column 1	Column 2
<u>Type of Application</u>	<u>Fee</u>
For the grant of casino key licence	\$250 for 5 years.
For the grant of a standard licence	\$100 for 5 years.
For the grant of a trainee licence	\$100 for up to 12 months.
For the renewal of a casino key licence	\$250 for 5 years.
For the renewal of a standard licence	\$100 for 5 years.
For the replacement of a licence	\$20.
For the variation of a licence –	
Variation of a standard licence to a key licence	\$150.
Variation of a provisional licence to a key licence	\$150.
Any other variation of a licence	\$20.

Gaming Control (Internet Gaming) Regulations

SCHEDULE OF FEES

Column 1	Column 2
<u>Type of Application</u>	<u>Fee</u>
For the grant of an internet gaming key licence	\$250 for 5 years.
For the renewal of an internet gaming key licence	\$250 for 5 years.
For the replacement of a licence	\$20.
Any other variation of a licence	\$20.



Notes:

1. An applicant should take care not to make incorrect statements or omit any material facts.
2. An applicant is required by Regulation 4(2)(f) to have his fingerprints and palm prints taken.
3. A Northern Territory Police Authority to Release Criminal History form will need to be filled in and lodged with Northern Territory Police. Ensure to state the organisation requiring the information as:

Director of Licensing NT Racing, Gaming and Licensing GPO Box 1154, Darwin, NT 0801	OR	Deputy Director of Licensing (South) NT Racing, Gaming and Licensing PO Box 8470, Alice Springs, NT 0871
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4. A full or partial refund of the fee that is payable with this application shall not be made in any circumstances.
5. Print an answer to every question in BLOCK LETTERS.
6. If a question does not apply, state “Not Applicable” in response to that question.
7. If there is nothing to disclose in reply to a question, state ‘Nil’ in response to that question.
8. All dates are to be completed in the form DD/MM/YY.
9. The following **original** documents or **certified copies** are required in support of your application:
 - (a) Full Birth Certificate or Current Passport or Refugee Certificate or Naturalisation Certificate; **and**
 - (b) Any evidence of a name change; **and**
 - (c) Three recent passport size photographs; **and**
 - (d) A written statement signed by a member of the Police Force verifying that your fingerprints and palm prints have been taken.
10. The prescribed fee shall accompany this application.
11. The applicant must personally sign each page of this application and each attachment in the space provided.
12. Every statement and declaration shall be completed, signed and witnessed.

IMPORTANT

Failure to give a true and complete answer to any question on this form may result in a refusal to grant a licence, or may render any licence issued on the basis of this information void, and the applicant may be liable to prosecution for an offence under Regulation 16, which incurs a maximum penalty of \$2000.

Applicant’s Signature

**NOTICE IN ACCORDANCE WITH THE INFORMATION ACT
(INFORMATION PRIVACY PRINCIPLE)**

For the purposes of the Information Act, the following advice is provided:

- ❑ Racing, Gaming and Licensing (RGL – a division of NT Treasury) is seeking information from you for the purposes of your application under section 4 of the *Gaming Control (Licensing) Regulations*.
- ❑ The information will be kept confidential except as required by law.
- ❑ Information may be sought from Police, government agencies, interstate licensing authorities, or referees or other persons nominated by you. Information may be released to those sources to the extent necessary to obtain information about you and your application.
- ❑ You do not have to provide information if you do not wish to do so. However, the Director may decline to issue you the licence sought if the Director considers that there is insufficient information to properly determine the application in accordance with the *Gaming Control (Licensing) Regulations*.
- ❑ Records of licences and licence conditions will be maintained, and may be made available to the public on request.
- ❑ You are able to access your personal information that you have provided by making a written request to the Director of Licensing.

Applicant's Signature

PERSONAL HISTORY

1. Mr / Mrs / Miss / Ms / Dr
Surname First Name Other Names

2. Other Names by which you have been known:
.....
.....

3. Present Residential Address:
and Phone Number
.....

4. Present Postal Address:
.....
.....

5. Date of Birth Sex Place of Birth (City, State, Country)
...../...../.....

6. Physical Description Height cms
Weight kgs
Colour of Eyes
Colour of Hair
Complexion
Any distinguishing attributes

7. Are you an Australian Citizen or have you become an Australian Citizen since your last application? YES/ NO (PLEASE CIRCLE)

If a naturalised citizen of Australia, state date and place of naturalisation and certificate number.
.....

If a citizen of another country, state that country

Applicant's Signature

MARITAL INFORMATION

8. What is your marital status (include defacto)

Particulars of Marriage
DATE PLACE

Spouse's full name

Spouse's maiden name
(IF APPLICABLE)

Date and Place of Birth of Spouse
DATE PLACE

9. Spouse's Residential Address

.....
.....

10. Spouse's Employer

11. Spouse's Occupation

RESIDENTIAL ADDRESSES

12. List all addresses at which you have been permanently resident over the past 5 years.
(Not required if you are applying to renew your licence)

...../...../..... FROM TO STREET AND NUMBER SUBURB CITY STATE

...../...../..... FROM TO STREET AND NUMBER SUBURB CITY STATE

...../...../..... FROM TO STREET AND NUMBER SUBURB CITY STATE

...../...../..... FROM TO STREET AND NUMBER SUBURB CITY STATE

...../...../..... FROM TO STREET AND NUMBER SUBURB CITY STATE

Applicant's Signature

EMPLOYMENT HISTORY/ BUSINESS INTEREST

13. Beginning with your last/current employment, list your work history **including** all businesses you have been involved with during the past five years (sole trader, partnership or a company where you were a Director or had controlling interest). If you are applying to renew your licence, please declare any business interest since your last application.

(a)	..... NAME OF EMPLOYER / BUSINESS	..... ADDRESS AND PHONE NUMBER OF EMPLOYER/ BUSINESS
	..... DATES EMPLOYED / INVOLVED IN BUSINESS	..... POSITION HELD
	..... NAME OF SUPERVISOR	..... REASON FOR LEAVING
(b)	..... NAME OF EMPLOYER / BUSINESS	..... ADDRESS AND PHONE NUMBER OF EMPLOYER/ BUSINESS
	..... DATES EMPLOYED / INVOLVED IN BUSINESS	..... POSITION HELD
	..... NAME OF SUPERVISOR	..... REASON FOR LEAVING
(c)	..... NAME OF EMPLOYER / BUSINESS	..... ADDRESS AND PHONE NUMBER OF EMPLOYER/ BUSINESS
	..... DATES EMPLOYED / INVOLVED IN BUSINESS	..... POSITION HELD
	..... NAME OF SUPERVISOR	..... REASON FOR LEAVING
(d)	..... NAME OF EMPLOYER / BUSINESS	..... ADDRESS AND PHONE NUMBER OF EMPLOYER/ BUSINESS
	..... DATES EMPLOYED / INVOLVED IN BUSINESS	..... POSITION HELD
	..... NAME OF SUPERVISOR	..... REASON FOR LEAVING
(e)	..... NAME OF EMPLOYER / BUSINESS	..... ADDRESS AND PHONE NUMBER OF EMPLOYER/ BUSINESS
	..... DATES EMPLOYED / INVOLVED IN BUSINESS	..... POSITION HELD
	..... NAME OF SUPERVISOR	..... REASON FOR LEAVING

14. Have you ever been dismissed or asked to resign from any employment? YES / NO (PLEASE CIRCLE)
If YES, complete the following-

DATE	NAME AND ADDRESS OF EMPLOYER	SUPERVISORS NAME	REASON FOR DISMISSAL, DISCHARGE OR RESIGNATION
...../...../.....
...../...../.....

Applicant's Signature

15. Have you ever made application to any Authority (either in Australia or elsewhere) for a permit, licence or other certification to work in private security, gaming, racing or associated areas? YES / NO (PLEASE CIRCLE)

If YES, provide the following details:

AUTHORITY	TYPE OF LICENCE	DATE OF APPLICATION	APPROVED/ REFUSED	LIC. NUMBER
.....
.....
.....

16. Have you ever been excluded from a Casino in the Territory, or elsewhere? YES / NO (PLEASE CIRCLE)

If YES, provide name and location of casino and reason for exclusion.

17. If you are applying to work in Security, do you hold a current NT Private Security Officer or Crowd Controller’s licence (or an equivalent licence issued by another jurisdiction)? YES / NO (PLEASE CIRCLE)

If YES, complete the following:

AUTHORITY	LICENCE NUMBER	EXPIRY DATE
.....
.....

ARRESTS, DETENTIONS AND LITIGATIONS

18. Have you ever, or since your last application, been, in the Northern Territory or elsewhere-

(a) convicted of an offence ? YES / NO (PLEASE CIRCLE)

(b) arrested, detailed, charged or summonsed before a Court to answer for any offence or violation for any reason whatsoever regardless of the disposition of the event ? (Except MINOR traffic offences) YES / NO (PLEASE CIRCLE)

If YES, give details in space provided below. List all cases without exception.

NATURE OF OFFENCE	STATE	CITY OR TOWN	DATE OF OFFENCE	RESULT OF HEARING OR OTHER DISPOSITION
...../.../...
...../.../...
...../.../...
...../.../...
...../.../...

Applicant’s Signature

19. Have you ever, or since your last application, been a party in a civil lawsuit or are you aware of any such action that may be pending against you? YES / NO (PLEASE CIRCLE)

If YES, furnish details on the attachment page.

20. Do you have any reason to believe that any prosecution against you may be pending? YES / NO (PLEASE CIRCLE)

If YES, furnish details on the attachment page.

21. Have you ever, or since your last application, been declared bankrupt, had a judgment returned against you or had your earnings or income garnisheed? YES / NO (PLEASE CIRCLE)

If YES, furnish details on the attachment page.

22. Are you currently, or have you been, in a partnership or as a director of a company or officer of an incorporated association:

(a) which has been wound up, placed into liquidation, had a receiver or other controller or administrator appointed? YES / NO (PLEASE CIRCLE)

(b) where an investigation into the affairs of partnership, company or incorporated association has been authorised by the Australian Taxation Office, Australian Securities and Investments Commission or any other regulatory body or law enforcement agency in the Territory, or elsewhere? YES / NO (PLEASE CIRCLE)

If YES, provide details on the attachment page.

FINANCIAL INFORMATION

23. STATEMENT OF ASSETS

As at 20.....
(date of this statement or whatever recent date is convenient)

CURRENT ASSETS (List cash, investments, bonds, debentures etc)

FINANCIAL INSTITUTION	BRANCH	ACCOUNT NUMBER	BALANCE
.....
.....
.....

OTHER FIXED ASSETS (List property, vehicles, boats, furniture, jewellery etc)

.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

TOTAL ASSETS \$.....

Applicant's Signature

24. STATEMENT OF LIABILITIES

As at 20.....
(date of this statement or whatever recent date is convenient)

CURRENT LONG TERM LIABILITIES (List all Loans, creditors etc)

FINANCIAL INSTITUTION	BRANCH	MONTHLY REPAYMENT	LOAN VALUE
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

CREDIT CARDS

CREDIT PROVIDER	ACCOUNT NUMBER	CREDIT LIMIT	CURRENT INDEBTEDNESS
.....	\$.....
.....	\$.....
.....	\$.....

CURRENT LIABILITIES (Include name and address of Creditor)

.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

OTHER LIABILITIES

.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

TOTAL LIABILITIES \$.....
 =====

Applicant's Signature

THE NORTHERN TERRITORY OF AUSTRALIA
OATHS ACT

STATUTORY DECLARATION

(1) Here insert
Name and address of
personal making
declaration

I, (1)

Do solemnly and sincerely declare as follows:

- (a) I am the person making this application form;
- (b) I have personally read and completed this form and have supplied the information indicated herein;
- (c) I have fully disclosed the information required to complete this application and certify that the particulars contained herein are true in every detail;
- (d) All documents provided as certified copies are true copies of the originals; and
- (e) I will notify Racing, Gaming and Licensing within 7 days of any conviction in a court of law.

And I make this solemn declaration by virtue of the *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at _____ the _____ day of 20

(2) Signature of the
person making the
declaration.

(2)
.....

(3) Signature of the
person before whom
the declaration is
made

(3)
.....

Before me,

(4)
.....

(4) Here insert name
and contact address
or telephone number
of person before
whom the
declaration is made,
legibly written,
typed or stamped.

(5) THIS DECLARATION MAY BE MADE BEFORE ANY PERSON WHO HAS ATTAINED THE AGE OF (18) EIGHTEEN YEARS.

NOTE:- A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2000 or imprisonment for 12 months, or both.

NOTICE OF CONSENT

(BY APPLICANT)

I, of
Full Name Address

Hereby consent to all probity investigations carried out by duly authorised officers of Racing, Gaming and Licensing to verify the information provided by me and to determine my suitability to hold the licence for which I have applied, and agree that such inquiries may be made before and after the issue of a licence.

Dated this day of 20

Applicant's Signature

AUTHORITY FOR RELEASE OF INFORMATION

To: All courts, probation departments, employers, banks, financial and other institutions, all Federal, State, Territory and overseas agencies – law enforcement, racing and gambling regulators, corporate regulators and whomsoever else this authorisation may be duly presented.

I, of
Full Name Address

Date of Birth/...../..... Telephone:(h)(w)
Full Name

HEREBY AUTHORISE the Northern Territory licensing authority and the Northern Territory Police to conduct an investigation into my background.

I HEREBY AUTHORISE the officer acting on behalf of the licensing authority to have access to inspect and obtain copies of:

- a) any credit report, other report, legal or personal information, derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity;
- b) any loan information, cheque account records, savings and deposit records, safe deposit records, safe deposit box records, passbook records and bank statements pertaining to me;
- c) any records relating to investigations of my activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies or any racing, gaming or casino regulatory bodies;
- d) any court records relating to any present or past civil or criminal court proceedings to which I am or was party; and
- e) any other document, record or correspondence pertaining to me.

You are HEREBY AUTHORISED to release to the officer representing the Northern Territory licensing authority or the Northern Territory Police, all the documents, reports, records and information requested by them.

This Authorisation shall supersede and countermand any prior request or authorisation to the contrary. A photocopy of this Authorisation will be considered as effective and as valid as the original.

Applicant's Signature Date:/...../.....

Witnessed by Date:/...../.....
Witness signature

Name and Address of Witness:

DEED OF INDEMNITY

I, of
Full Name Address

acknowledge that I have authorised each and every person, body, party, institution, agency or organisation howsoever described to whom or which an authority for release duly executed by me has been presented, to release details of any conviction or other information recorded against my name. I hereby agree to release and to indemnify and hold harmless the Northern Territory, its servants and agents from and against any and all liability, actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the release or use of any details of any conviction or other information purporting to either relate to or involve myself.

Executed as a deed.
Signed sealed and delivered)
by)
in the presence of:)

Date:/...../.....

.....
Signature of Applicant

.....
Signature of witness

.....
Name of witness

DECLARATION BY EMPLOYER

I, holding the position of

hereby certify that the applicant has been tested in the duties of his / her intended position and I am satisfied that he / she is of sufficient competence to carry out the duties for which he / she will be licensed. I have also verified that the applicant:

- has attained the age of 18 years;
- is of good repute having regard to character, integrity, honesty and responsibility;
- has an adequate command of the English language for the purpose of performing the duties he or she proposes to perform; and
- has a sound and stable financial background.

If the application is successful, this person will be employed in the capacity of

Dated this day of 20.....

Signature.....

OFFICE USE ONLY

- BIRTH CERTIFICATE (Not required for licence renewal)
- PASSPORT (Not required for licence renewal)
- NATURALISATION (Only required if circumstances changed since last application)
- VISA / REFUGEE CERTIFICATE (Where relevant)
- NAME CHANGE**
 - 3 x PHOTOS
 - FINGERPRINT SLIP / NAME CHECK
 - APPLICATION FEE \$250 \$100 \$20
 - OTHER JURISDICTIONS REPORTS ADV NOT ADV
 - EMPLOYMENT HISTORY
 - RESIDENTIAL HISTORY
 - FINANCIAL STABILITY
- INTERVIEW DATE/...../.....

RECOMMENDATION

- TRAINEE**
- PROVISIONAL**
- FULL**
- RENEW**

.....
INTERVIEWERS NAME SIGNATURE AUTH NO.

