

LICENSING, REGULATION AND ALCOHOL STRATEGY

Casino Operatives Licence

Gaming Control Regulations

1. An applicant should take care not to make incorrect statements or omit any material facts.
2. The following documents in either original or certified copy are required to be submitted with this form:

(a) Birth certificate or Current Passport or Refugee Certificate or Naturalisation Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
(b) Any evidence of name change	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
(c) Three recent passport size photographs	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
(d) A written statement signed by a member of the Police Force verifying that your fingerprints and palm prints have been taken	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable

3. The prescribed fee* must accompany this application. A full or partial refund of the fee that is payable with this application shall not be made in any circumstances.
4. A Northern Territory Police Authority to Release Criminal History form will need to be filled in and lodged with the Northern Territory Police. Ensure to state the organisation requiring the information as:

Director of Licensing
Licensing, Regulation and Alcohol Strategy
GPO Box 1154, Darwin NT 0801

Or

Deputy Director of Licensing (South)
Licensing, Regulation and Alcohol Strategy
PO Box 8470, Alice Springs NT 0871

LICENSING, REGULATION AND ALCOHOL STRATEGY

Darwin
Level 1, Enterprise House
28-30 Knuckey Street, Darwin
GPO Box 1154, Darwin, NT 0801
Ph: 08 8999 1800
Fax: 08 8999 1888

Katherine
18 Katherine Terrace, Katherine
GPO Box 2138, Katherine NT 0850
Ph: 08 8972 8906
Fax: 08 8972 8910

Alice Springs
1st Floor Belvedere Hse
Cnr Parsons & Bath Sts
GPO Box 8470, Alice Springs NT 0871
Ph: 08 8951 5195
Fax: 08 8951 8591

- 5. An applicant is required by Regulation 4(2)(f) to have his fingerprints and palms prints taken.
- 6. Before completing this form please read the following carefully:
 - a) Type or print in BLOCK LETTERS an answer to every question.
 - b) If a question does not apply to you state "N/A" in response to that question.
 - c) If there is nothing to disclose in reply to a particular question state "Nil" in response to that question.
 - d) If the space available is insufficient please supply the required information on an attachment page. Precede each answer there on with the title applicable to that question.
 - e) All dates should be completed in the Form - Day / Month / Year.
 - f) The form must be signed personally on each page including each attached page in the space provided (by the person to whom the form relates).
 - g) Every statement and declaration shall be completed, signed and witness.

7. False Statement

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.

- 8. Please refer to the relevant schedule of fees for further details regarding the grant and renewal of gaming licences.

9. Photo and Application / Licence Number:

Photo	Application / Licence Number:

10. Application is hereby made for:

<input type="checkbox"/> Casino Employee's Licence
<input type="checkbox"/> Renewal of Casino Employee's Licence
<input type="checkbox"/> Application for an Internet Gaming Employee's Licence
<input type="checkbox"/> Application for renewal of an Internet Gaming Employee's Licence

Type of application

<input type="checkbox"/> Casino Key Licence
<input type="checkbox"/> Internet Gaming Key Licence
<input type="checkbox"/> Standard Licence
<input type="checkbox"/> Trainee Licence

Classification

<input type="checkbox"/> Administration
<input type="checkbox"/> Cashier
<input type="checkbox"/> Gaming
<input type="checkbox"/> Security
<input type="checkbox"/> Surveillance

Internet Gaming Classification

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Signature

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1. Personal History

1A Title (Mr, Mrs, Miss, Ms, Dr)
Surname
Given Names

1B Alias(es), nicknames, maiden name, other name changes, legal or otherwise, you have used or by which you have been known:

1C Present Residential Address	
	Postcode

Present Postal Address	
	Postcode

Telephone	Fax
<input type="text"/>	<input type="text"/>

Mobile
<input type="text"/>

Email
<input type="text"/>

1D. Date of birth	Place of Birth (city, state, country)	Gender
/ /		

Signature

1E Physical description	
Height	Weight
Colour of Hair	Colour of eyes
Complexion	Scars, tattoos or other distinguishing marks

1F Are you an Australian Citizen?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If a naturalised citizen of Australia state date and place of naturalisation and certificate number:
If a citizen of another country, state that country:

4. Employment

- 4A. Beginning with your current employment, list your work history, including all businesses with which you have been involved during the last five (5) 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.

Date commenced	
Name of Employer/Business	
Mailing Address/Phone number of Employer/Business	
Job Title	Name of Supervisor
Reason for leaving	

Signature

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Date commenced	
Name of Employer/Business	
Mailing Address/Phone number of Employer/Business	
Job Title	Name of Supervisor
Reason for leaving	

Date commenced	
Name of Employer/Business	
Mailing Address/Phone number of Employer/Business	
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Signature

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Job Title	Name of Supervisor
Reason for leaving	

Date commenced	
Name of Employer/Business	
Mailing Address/Phone number of Employer/Business	
Job Title	Name of Supervisor
Reason for leaving	

4B. Have you ever been dismissed, discharged or asked to resign from any employment?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes, complete the following:

Date	Name and address of employer	Supervisor's name	Reason for dismissal, discharge or resignation

Signature

4C. Have you ever made an 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

If yes, provide the following details:

Authority	Type of Licence	Date of Application	Approved / Refused	Licence Number

4D. Have you ever been excluded from a Casino in the Territory, or elsewhere?

Yes

No

If yes, provide name and location of casino and reason for exclusion

4E. 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

If yes please complete the following:

Authority	Licence Number	Expiry Date

Signature

5. Arrests, Detentions and Litigation

5A. Have you ever, or since your last application, been, in the Northern Territory or elsewhere, arrested, charged or summonsed for an offence, regardless of the disposition, anywhere excluding juvenile offences and minor traffic offences (including drink driving offences)

- Yes
- No

Have you ever, or since your last application, been, in the Northern Territory or elsewhere, convicted of an offence?

- Yes
- No

If yes to any of the above 2 questions, give details in the space provided below. List all cases without exception.

Nature of Offence	State	City or town	Date of Offence	Result of Hearing or other disposition
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

5B. 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?

- Yes
- No

If yes, furnish details on an attachment page.

Signature

5C. Do you have any reason to believe that any prosecution against you may be pending?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, furnish details on an attachment page.

5D. Have you ever, or since your last application, been declared bankrupt, had a judgment returned against you or had your earnings or income garnisheed?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, furnish details on an attachment page.

5E. 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?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
(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?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes to any of the above, furnish details on an attachment page.

Signature

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6. Financial Statement

6A. Statement of Assets			
As at (date of this statement of whatever recent date is convenient):			
/ / 20			
Note: Describe fully. If additional space is required use attachment pages.			
Current Assets			
Financial Institution	Branch	Account Number	Amount
			\$
			\$
			\$
			\$
			\$

Other Fixed Assets – Motor vehicles, caravan, boat, furniture, jewellery, etc.		
Description	Total acquisition costs	Estimated market value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Totals	\$	

Signature

6B.Statement of Liabilities					
As at (date of this statement of whatever recent date is convenient):					
/ / 20					
Note: Describe fully. If additional space is required use attachment pages.					
Long Term Liabilities (including mortgages)					
Borrower's name	Financial Institution	Branch	Loan Value	Due Date	Monthly Repayments
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Other long term liabilities (indicate name and address of lender or creditor)				Repayment details	
				\$	
				\$	
				\$	
				\$	

Credit cards			
Credit Provider	Account Number	Credit Limit	Current Indebtedness
			\$
			\$
			\$
			\$
			\$
			\$

Current liabilities (include name and address of Creditor)	
	\$
	\$
	\$
	\$
Other	
	\$
	\$

Signature

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Northern Territory of Australia
OATHS ACT
STATUTORY DECLARATION

(1)
Insert name
& address of
person making
the declaration

I, (1).....
of
.....

(2)
Insert name
of entity

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 Licensing, Regulation and Alcohol Strategy within 7 days of any conviction in a court of law.

(2)
Signature of the
person making
the declaration

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

Declared at.....the.....day of.....20.....

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

(2)

(3)

Before me

(4)
Full contact
details of
person before
whom the
declaration is
made, legibly
written, typed
or stamped

(4)

.....

.....

.....

NOTE: This declaration may be made before any person who has attained the age of (18) eighteen years.
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

I,

of.....

Hereby consent to all probity investigations carried out by duly authorised officers of Licensing, Regulation and Alcohol Strategy 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

Signature

Date

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,

.....
(full name of applicant)

of

Date of birth
/ /

Telephone

Fax

Mobile

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

In the presence of:

Signature of Witness

Date

Name and address of witness

Deed of Indemnity

I,

.....
(full name of applicant)

of

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

Applicant's Signature

Date

In the presence of:

Signature of Witness

Date

Name and address 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:

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

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

.....

Signature

Date

Office Use Only

<input type="checkbox"/> Birth Certificate (not required for licence renewal)	
<input type="checkbox"/> Passport (not required for licence renewal)	
<input type="checkbox"/> Naturalisation (only required if circumstances changed since last application)	
<input type="checkbox"/> Visa / Refuge Certificate (where relevant)	
Name Change	
<input type="checkbox"/> 3 x photos	
<input type="checkbox"/> Fingerprint slip / Name check	
<input type="checkbox"/> Application fee	
<input type="checkbox"/> Other jurisdiction reports	Adv / Not Adv (circle)
<input type="checkbox"/> Employment history	
<input type="checkbox"/> Residential history	
<input type="checkbox"/> Financial Stability	
<input type="checkbox"/> Interview	Date:

Recommendation
<input type="checkbox"/> Trainee
<input type="checkbox"/> Provisional
<input type="checkbox"/> Full
<input type="checkbox"/> Renew

Interviewer's name

Signature

Date

 / /

Authorisation Number

Gaming Machine Act

Notice In Accordance with the Information Act (Information Privacy Principle 1)

Licensing, Regulation and Alcohol Strategy (LRAS – a division of NT Department of Justice) is seeking information from you for the purposes of your application.

Information Privacy Principle 1 (IPP 1) requires that a public sector organisation must not collect personal information unless the information is necessary for one or more of its functions or activities. If personal information about an individual is collected from the individual, the organisation must take reasonable steps to ensure that the individual is aware of certain matters. For the purposes of IPP 1, the following advice is provided.

- a) You are able to access your personal information that you have provided by making a written request to the Director of Licensing.
- b) The information is required pursuant to the *Gaming Machine Act*. The *Act* requires that certain matters must be considered when deciding whether or not to approve an application.
- c) The information will be kept confidential except as follows:
 - i. 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 verify information about you and your application.
 - ii. If a hearing is involved, information will be released to the parties, Commission or the Court, as required by the *Act*.
 - iii. Registers of licences and permits will be maintained and may be made available to the public on request.
- d) You do not have to provide information if you do not wish to do so. However, an application may not be approved if there is insufficient information to properly determine the matter in accordance with the *Act*.

Website: www.nt.gov.au/justice/licenreg

**Please refer to the relevant schedule of fees.*

TERRITORY BUSINESS CENTRES

TOLL FREE LINE: 1800 193 111 (Australia Wide)

Darwin	Katherine	Tennant Creek	Alice Springs	Postal Address
Development Hse 76 The Esplanade Darwin NT 0800 Phone: (08) 8982 1700	1 Randazzo Bldg 18 Katherine Tce Katherine NT 0850 Phone: (08) 8972 8906	Shop 2, Barkly Hse Cnr Paterson & Davidson Sts Tennant Creek NT 0860 Phone: (08) 8962 4411	Peter Sitzler Bldg 67 Nth Stuart Hwy Alice Springs NT 0870 Phone: (08) 8951 8524	GPO Box 9800 Darwin NT 0801 territory.businesscentre@nt.gov.au

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