

LICENSING, REGULATION AND ALCOHOL STRATEGY

Gaming Machine Licence Application – Renewal of Repairer’s Licence

Gaming Machine Act 2008

1. The following booklet has been compiled to assist the applicant in completing these forms.
2. In accordance with Section 63 of the *Gaming Machine Act* any change in circumstances of an applicant or holder of a licence must notify the Director in writing within seven (7) days of any change. (i.e. address, phone no's. home & work, convictions, if body corporate winding up action, etc).
3. Once these forms has been completed and all relevant documents have been attached, it should be forwarded to Territory Business Centre or any inquiries should be directed to (08) 8999 1800
4. The following documents are required to be submitted with this form:

(a) Completed “Authority to Release Criminal History form.	<input type="checkbox"/> Yes
(b) Two (2) identical colour photographs (suitable to the Director) of the applicant. These photographs should be: (i) Not more than six months old; (ii) A full front view of head and shoulders without head covering or tinted glasses (if you normally wear glasses you should do so in the photograph);	<input type="checkbox"/> Yes
(c) Photocopy of marriage certificate/deed poll if change of name has occurred since last application was made.	<input type="checkbox"/> Yes
(d) The prescribed fee*	<input type="checkbox"/> Yes
(e) Copy of current Electrical Workers Permit	<input type="checkbox"/> Yes

Please note: Each application will be assigned their present licence number. Quote this number when making enquiries concerning the application

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. Before commencing the complete 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) If interviewed by an officer of the Division in relation to this form, the original of any documents referred to in direction 4 must be produced.
- g) 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).

6. False Statement

Penalties for offences under the *Gaming Machine Act* range from a fine of \$5,000 to \$50,000 or imprisonment for 5 years.

Under Section 177(f) of the *Gaming Machine Act* the penalty for an offence of providing or submitting information or material knowing it to be false erroneous or misleading in a material particular in or in relation to an application is a fine of \$50,000 or imprisonment for 5 years.

7. Application is hereby made for a Repairer's Licence Renewal:

Details of Applicant

Full Name

Address

<input type="text"/>
<input type="text"/>
Postcode

Date of birth

Place of birth

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

Fax

Mobile

Email

Machine Repairer's Licence Number

I declare that that all statements contained in and all matters accompanying this application are true and correct in every detail and fully disclose the information required to complete this application.

Signature

Date

Authority to Obtain Information

I

.....
(full name of applicant)

of

hereby authorise, any officer of the Northern Territory Department of Justice, State, Federal or overseas Police authorities or any other investigative authority, authorised by the director, to make any investigation or enquires as deemed necessary to complete the processing of my application.

Signature

Date

Authority for Release of Information

I

.....
(full name of applicant)

of

hereby authorise the manager or officer in charge of any bank or financial institution to whom this request is presented by an authorised officer of the Department of Justice or member of the NT Police Force to allow that officer or member to inspect and obtain copies of any and all documents, records or correspondence pertaining to me, (solely or jointly with any other party), including but not limited to loan information, cheque account records, saving deposit records, safe deposit records, passbook records and bank statement sheets, which are held by such bank or other financial institution.

Signature

Date

1. Personal Information

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	

Current name and address of employer/business		
	Postcode	

1D Occupation

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

Mobile
<input type="text"/>

Email
<input type="text"/>

Signature

2. Arrests, Detentions and Litigation

2A. Have you ever been arrested, charged or summonsed for an offence, regardless of the disposition, anywhere excluding juvenile offences and traffic offences (including drink driving offences) since you were granted your machine repairer's licence?

Yes
 No

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

Nature of Offence	Age at time of offence	State	City or town	Date of Offence	Result of Hearing or other disposition
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

Since your last application:

2B. Have you ever 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.

2C. Have you ever had a judgement returned against you?

Yes
 No

If yes, furnish details on an attachment page. (Except stated above)

Signature

2D. Have your salary, wages, earnings or other income been subject to garnishee order, attachment or the like?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, furnish details on an attachment page.

2E. Have you ever had any article repossessed by a finance company or the like?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, furnish details on an attachment page.

3. Employment

3A. List all premises at which you have worked in the capacity of a Machine Repairer, since your original licence was issued

Date commenced and ended
Company name
Reason for Leaving

Date commenced and ended
Company name
Reason for Leaving

Signature

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Date commenced and ended
Company name
Reason for Leaving

Date commenced and ended
Company name
Reason for Leaving

Date commenced and ended
Company name
Reason for Leaving

Date commenced and ended
Company name
Reason for Leaving

Signature

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Date commenced and ended
Company name
Reason for Leaving

Date commenced and ended
Company name
Reason for Leaving

(if additional space needed, use an attachment page)

3B. Have you ever been dismissed, discharged or asked to resign from any employment, since your original application?
<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

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3C. Directorships and business affiliations. List all corporations, partnerships, joint ventures or any business with which you are currently associated and in which you actively participate in the management or operations thereof as a director, partner or other capacity.
(if space insufficient, use an attachment page)

3D. Have you, since your original application ever held an executive position with any company that has either been in liquidation or receivership?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes please supply details

3E. Have you, since your original application, become bankrupt or taken advantage of the laws relating to bankruptcy or insolvency?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes please supply details

Signature

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Please supply your income for the last two (2) years. This includes any funds received from employment, Centrelink, Pensions, superannuation or any other source	
Year	
	\$
	\$
	\$

Signature

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Credit Card Authorisation

Please debit my credit card

Tick appropriate box:
<input type="checkbox"/> Bankcard
<input type="checkbox"/> Visa
<input type="checkbox"/> Mastercard

Full Name

Credit Card Number

Expiry Date

Amount

\$

Signature

Date

Signature

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/licrenew

**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) 8973 8180	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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