

## LICENSING, REGULATION AND ALCOHOL STRATEGY

### Gaming Machine Licence Application for Service Contractor – Body Corporate

#### *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. This application must be accompanied by an affidavit made under Section 74 of the Act.
5. If the applicant is a body corporate this application must be accompanied by:
  - a) a copy of the certificate of incorporation of the body corporate;
  - b) a copy of the memorandum and articles of association, rules, constitution or other incorporating documents in force at the time of making the application certified as a true copy by the secretary of the body corporate or other person duly authorised in that behalf;
  - c) a copy of the resolution or minute of the proceedings of the governing body of the body corporate whereby approval was given to the making of the application, certified as a true copy by the person certifying the copy of the matters referred to in sub paragraph (ii);
  - d) copy of the last audited balance sheets or statement of financial affairs of the body corporate;
  - e) a completed form in respect of the applicant (history and suitability of body corporate);
  - f) a completed form (Personal History and suitability)in respect of each of the secretary and each executive officer of the body corporate; and

#### 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**

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

- g) a completed Authority to Release Criminal History for each executive officer. (Section 190 of Act refers)
6. This application must be accompanied by the prescribed fee\*.
7. Before commencing to complete this form please read the following carefully:
- type or print in BLOCK LETTERS an answer to every question.
  - If a question does not apply to you state "N/A" in response to that question.
  - If there is nothing to disclose in reply to a particular question state "Nil" in response to that question.
  - 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.
  - All dates should be completed in the Form - Day / Month / Year.
  - 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.
  - 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).

#### 8. 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.

#### 9. Application is hereby made for a Service Contractor's Licence:

##### Details of Authorised Applicant

Name of Body Corporate

Registered Address of Body Corporate

Postcode

Postal Address of Body Corporate

Postcode



**Confidential – Personal History and Suitability Information of Body Corporate**

Name of Body Corporate

Signature

Date

Signature

Date

**Certificate**

Under the *Gaming Machine Act 2008* Service Contractor's Licence, we

.....  
(full name of applicant)

hereby declare as under –

- a) I am the person identified (thus \*) in question 4A (page 8) of this application form;
- b) We are duly authorised Executive Officers of the Body Corporate identified in Point 9 (page 2) of this form;
- c) We have personally completed this application form or have supplied all the information indicated herein; and
- d) We certify that the particulars contained herein are true and correct in every detail and fully disclose the information required to complete this form.

Signature

Date

Signature

Date

**Authority to Obtain Information**

We

.....  
(full name of applicant)

of .....

hereby authorise, any officer of the 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

Signature

Date

**Authority for Release of Information**

We

.....  
(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

Signature

Date







**5. Confidential Financial Details**

5A Submit the audited and/or published Financial Statements of the Body Corporate etc., for the last five (5) years.

5B Submit the audited and/or published Financial Statements of any Holding Company etc., for the last five (5) years.

5C Submit a copy of the annual return of the Body Corporate etc., to Corporate Affairs for at least the last five (5) years. (Where applicable).

5D Furnish full details of any persons, companies etc., or institutions from which the Body Corporate has obtained funds on loan etc., during the last five (5) years.

5E Advise if there has been any substantial change in the financial situation of the Body Corporate since the last audited accounts, if so, provide full details

5F Supply details (name, branch and account number) of all bank accounts operated by the Body Corporate.

Signature

Signature

**6. Business Affiliations**

6A Provide full details of any other Directorships, Partnerships or other business interests or affiliations with which the Directors, Secretary and Executive Officers are currently or have been associated or involved within the last (5) five years.


6B Has the Body Corporate any agencies or branches elsewhere in Australia or overseas? If so, provide full details.


6C Does the Body Corporate have any other company or person acting on its behalf in Australia or elsewhere? If so, provide full details.


Signature

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Signature

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6D Has the Body Corporate changed its name in the past 10 years? If so, provide details.

6E Does the Body Corporate have, or does it use, or has it previously used, any (other) business name? If so, provide full details.

Signature

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Signature

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Gaming Machine Act 2008

**Affidavit**

Disclosure of influential or benefiting parties to a service contractor's licence

I, .....being  
(full name)

Either (i), (ii) or (iii)

(A) (a) (i) an applicant (natural person);  
(ii) the principal executive officer of  
....., an applicant  
(name of body corporate)

(iii) a person to whom the provisions of section 74 (3) of the Act  
apply, in respect of .....  
(name of body corporate)  
an applicant;

for a service contractor's licence;

(B) or Either (i), (ii) or (iii)

(a) (i) an applicant (natural person);  
(ii) the principal executive officer of  
....., an applicant  
(name of body corporate)

(iii) a person to whom the provisions of section 74 of the Act  
apply, in respect of .....  
(name of body corporate)  
an applicant;

for the renewal of service contractor's licence number .....

(C) or Either (i), (ii) or (iii)

(a) (i) an applicant (natural person);  
(ii) the principal executive officer of  
....., an applicant  
(name of body corporate)

- (iii) a person to whom the provisions of section 74 of the Act apply, in respect of ... .. ,  
 (name of body corporate)  
 an applicant;

who has undergone a change in circumstances in respect to information contained in the last affidavit forwarded or lodged under section 74 of the Act in respect of service contractors licence number ... ..

do sincerely promise and swear that -

- (D) there \*is a / is not any person (other than, where the applicant or licence holder is a body corporate, the secretary, an executive officer, a member or shareholder of the body corporate carrying out the duties or exercising the normal rights the person has as secretary, executive officer, member or shareholder) who will by any lease, agreement or arrangement be able to influence any decision made:
  - (i) in the case of the applicant or licence holder being a natural person, by that person; or
  - (ii) in the case of the applicant or licence holder being a body corporate, by the body corporate or the secretary or an executive officer of the body corporate,

in relation to the conduct of gaming by the applicant or licensee; and

- (E) there \*is a / is not any person (other than, where the applicant or licensee who by any lease, agreement or arrangement who may expect a benefit from the applicant or licensee in relation to the conduct of gaming by the applicant or licensee;

If there is a person so able to influence or expect benefit, state –

- (a) where any such person is a natural person, his or her full name, address and date of birth:

Full Name	Address	D.O.B
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

- (b) where any such person is a body corporate other than a club - the name of the body corporate and the full name, address and date of birth of the secretary and each executive officer of the body corporate:

Full Name	Address	D.O.B
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

- (c) where any such person is a club:

- (i) the name of the club

.....

- (ii) the full name, address and date of birth of the secretary and each executive officer of the club

Full Name	Address	D.O.B
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

- (iii) particulars of any licence under the *Liquor Act* held by the club

- (iv) details of the objectives (if any) of the club whether or not the club is a non proprietary club conducts its business in the same manner as the non proprietary club


- (d) full and correct particulars of the lease, agreement or arrangement


and in the case of the applicant or licensee being a body corporate other than a club, state the names of all persons who are substantial shareholders of the body corporate under section 708 of the Corporation Laws:


Signature of deponent

[Empty rectangular box for signature]

Date

[Date box with slashes: / / ]

Signed and sworn by the said deponent at this

..... day of ....., 20 .....

before me.

Justice of the Peace .....

Name and address of the Justice of the Peace

.....

.....

\*delete those which are not applicable

**Confidential – Personal History and Suitability Information of Directors, Secretary and Executive Directors**

Surname

Initials

Signature

Date

**Certificate**

I, .....  
(full name of applicant)

hereby declare as under –

- a) I am the person identified in question 1A (page 20) of this application form;
- b) I have personally completed this application form or have supplied all the information indicated herein; and
- c) I certify that the particulars contained herein are true and correct in every detail and fully disclose the information required to complete this form

Signature

Date

In the presence of:

Signature

Date

Name and address of witness


**Authority to Obtain Information**

I

.....  
(full name of applicant)

of .....

hereby authorise, any officer of the 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 financial institution to whom this request is presented by an Inspector of the Department of Justice or member of the NT Police Force to allow such Inspector 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 financial institution, and the Director of Licensing to make any enquires and obtain any background information regarding my character including enquires with law enforcement authorities as required.

Applicant's Signature

Date

Joint Holder's Name

Joint Holder's 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"/>

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

Signature

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

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

1G 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:

1H. Are you the holder of a current Drivers Licence?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, date and place of issue:
Licence number:

Signature

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## 2. Marital Information

2A. What is your marital status (including defacto)?	
Date of marriage	Place of marriage (city/state/country)
Spouse's/defacto maiden name (where applicable):	
Place of birth of spouse/defacto:	

2B. Spouse's defacto residential address	
	Postcode
Spouse's/defacto employer	
Spouse's/defacto occupation	

## 3. Education

3A. What is the highest level of education you have attained?
---

3B. Year education completed
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3C. Name of last educational institution attended
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3D. Name schools attended

3E. Professional qualifications (if any)

Signature

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**4. Armed Forces Information**

Have you ever served in any Armed Forces?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes, complete the following:

Country
Arm of Service
Branch
Date of entry
Date of discharge
Type of discharge
Rank at discharge
Serial number
While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial, or court martial?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, furnish details on an attachment page.

**5. Passport Information (if applicable)**

5A. Passport number	
Country	Place of issue
Date of issue	Date of expiration
/ /	/ /

Signature

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**6. Arrests, Detentions and Litigation**

6A. 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)

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
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

6B. 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.

6C. Have you ever had a judgement returned against you?

Yes  
 No

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

6D. Have your salary, wages, earnings or other income been subject to garnishee order, attachment or the like?

Yes  
 No

If yes, furnish details on an attachment page.

Signature



**8. Employment**

8A. Beginning with your current employment, list your work history, including all businesses with which you have been involved during the last five (5) years.

Date commenced	
Current Employment	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Signature

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Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Signature

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Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and Year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

(if additional space needed, use an attachment page)

8B. 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

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<p><b>8C. Directorships and business affiliations.</b></p> <p>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.</p>
(if space insufficient, use an attachment page)

<p><b>8D. Have you ever held an executive position with any company that has either been in liquidation or receivership?</b></p>
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

If yes please supply details


<p><b>8E. Have you previously been employed in any capacity in a casino, gaming house, gaming machine related premises, gaming industry, bookmaking operations or the racing industry?</b></p>
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Signature

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If yes to question 8E, show below detailed particulars of such employment.

Dates (from-to)	Name and address of employer	Position and description of duties	Name of manager	Reason for leaving

**9. Financial Statement**

9A. Have you ever become bankrupt or taken advantage of the laws relating to bankruptcy or insolvency?

Yes

No

If yes, furnish details on an attachment page.

9B. 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
			\$
			\$
			\$
			\$
			\$

Signature

Cash otherwise held (over \$1000)	Amount
	\$
	\$
	\$

Debts owing to you by other persons (give details and dates due)	Amount
	\$
	\$
	\$

Investments – Shares, bonds, debentures, notes, etc.					
Company	Type	No. held	Year of acquisition	Total acquisition costs	Estimated market value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Description of investments other than those listed above				Total acquisition costs	Estimated market value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Fixed Assets – Real Estate (own residence and other properties)			
Location and description	Year of acquisition	Acquisition costs	Estimated market value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Signature

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

<b>Total Assets</b>	\$
---------------------	----

**9C.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**

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
	\$
	\$
	\$
	\$

Current liabilities (indicate name and address of creditor)	
	\$
	\$
	\$
	\$
Other	
	\$
	\$

<b>Total Liabilities</b>	\$
--------------------------	----

Signature

Contingent Liabilities (i.e. liabilities of an indefinite nature or unspecified amount for which you may become liable in the future)

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/licenreg](http://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)

<b>Darwin</b>	<b>Katherine</b>	<b>Tennant Creek</b>	<b>Alice Springs</b>	<b>Postal Address</b>
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 <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>

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