

APPLICATION FOR A CLASS C AUTHORISATION CERTIFICATE

If insufficient space is available for responses please attach additional information

SECTION 1 - Details of Applicant			
A club may seek a Class C Authorisation Certificate only if the club holds a current licence for Class C gaming machines or has made an application for a Class C licence.			
Licensee Name (enter text)		Licence Number (enter text)	
Postal address of applicant (enter text)			
ACN or Association No:		ABN:	
The name under which the applicant carries on business (enter text)			
Address where the business is to be operated (enter text)			
Block (enter text)	Section (enter text)	Suburb (enter text)	
Contact Person (enter text)		Telephone (enter text)	Facsimile (enter text)
Email Address (enter text)			
Number of authorisations for gaming machines for which the authorisation certificate is sought (enter text)			

SECTION 2 - Documents that must accompany this application.
<ul style="list-style-type: none"> • A social impact assessment. • A plan of the premises that is drawn to scale that clearly delineates the location, boundaries and dimensions of the proposed gaming area. • A copy of the gaming rules to be adopted for use at the proposed premises. • A copy of the control procedures to be adopted for use at the proposed premises (refer s97 of the Act). • Any contractual arrangement, or proposed contractual arrangement, relating to the use of the premises to which the application relates. • A list of current members. • A statement from the Licensee that payments for goods or services supplied to the Club, including the rental or lease payments for the Club's premises, are not related to the level of gaming machine performance.

AF2015-68

SECTION 3- To be completed by authorised representative of applicant.

I (print or type full name of applicant's representative)

on behalf of the (print or type name of applicant)

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 applicant)

Date

GAMING REGULATION SECTION USE ONLY - APPLICANT NOT TO COMPLETE THIS PART

APPLICATION FEE PAID

YES

NO

AUTHORISED BY

DATE

SECTION 4- Important Information

- The prescribed fee must accompany this application.
- Please note that 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
- Alternatively, you can contact the Commission on telephone number 02 6207 0359 for more information.
- Mail this completed application to:
 ACT Gambling and Racing Commission
 PO Box 214
 CIVIC SQUARE ACT 2608
 Fax: 6207 7390
 Email: gaming.operations@act.gov.au

SECTION 5 – Details of Payment.

Please indicate by ticking the appropriate box which of the following will be the method of payment:

- money order or cheque made payable to the ACT Gambling and Racing Commission; or
- credit card (Visa or Master Card). Please complete the required details in the area below.

Payment by Credit Card.

Card type – Select one check box below for your card type:

- Master Card; or
- Visa.

Card Number:

Expiry Date:

Amount:

Name on Card:

Signature

FINANCE SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART

Payment

Processed by: Date...../...../..... Receipt Number:
(Authorised Officer)