

APPLICATION FOR A MINOR LICENCE AMENDMENT

If insufficient space is available for responses please attach additional information

SECTION 1 - Details of Applicant

A person may apply for an amendment of a licence only to change a minor detail in the licence.

Name of Licensee (enter text)

ACN or Association No:

ABN:

Address of Licensee's Registered Office (enter text)

Postal address (enter text)

Contact Person (enter text)

Telephone (enter text)

Facsimile (enter text)

Email Address (enter text)

SECTION 2 - Details of the proposed amendment of the licence

(enter text)

SECTION 3- Details of why the proposed amendment is sought

(enter text)

SECTION 4 - Documents that must accompany this application.

- Evidence relating to the proposed amendment may be required.

AF2015-70

SECTION 5 – To be completed by authorised representative of applicant.

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

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

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 licensee)

Date

SECTION 6 – 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

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

APPLICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

SECTION 7 – 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)