



ABN: 13 567 691 159

RACE AND SPORTS BOOKMAKING ACT 2001 **APPLICATION FOR RACE BOOKMAKING LICENCE**

Information for Applicants

1. The applicant is required to have their finger prints and palm prints taken by a police officer at a police station upon making an application for a race bookmaking licence.
2. A letter from the Commission will be provided enabling an ACT applicant to have their finger prints and palm prints taken by a police officer in the ACT.
3. An interstate applicant may have their finger prints and palm prints taken at a local police station in their State or Territory of residence. If required a fingerprint request letter may be provided.
4. The applicant is to attach copies of their current driver's licence, passport and full birth certificate.
5. The applicant is to pay the determined application fee at the time of applying for a race bookmaking licence. No refund of the application fee will be made. Upon an application being approved, the determined fee for issue of the licence must be paid. Licences commence on 1 July and are issued for a two year period only. A schedule of the current determined fees is available at the following link:

<http://www.gamblingandracing.act.gov.au/Fees.htm>

6. Failure to provide true, correct and full disclosure to any questions in this form may bring into question the suitability of the applicant.
7. An incomplete application may also result in the Commission not considering the application further.
8. If the space provided is insufficient to answer a question, please present relevant information on a separate attachment page. An attachment page is located at the back of this document and can be copied if the space provided on it is insufficient.
9. When completed, this application form and determined fee should be forwarded to:

**MANAGER
RACING and WAGERING
ACT GAMBLING and RACING COMMISSION
PO BOX 214
CIVIC SQUARE ACT 2608**

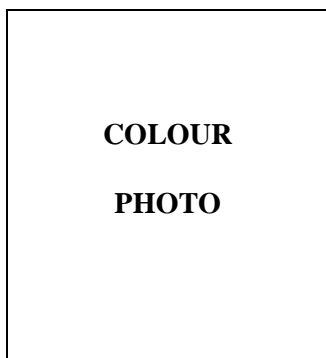
COMMERCIAL - IN- CONFIDENCE
Declaration by Applicant

STATUTORY DECLARATION
Statutory Declarations Act 1959

I, _____
(Full name, address and occupation of person making the declaration)

make the following declaration under the *Statutory Declarations Act 1959*:

- 1) I have read and fully understand the instructions for completing the Application for a Race Bookmaking Licence;
- 2) I have personally completed and attached to this declaration the following forms;
 - a) *Consent to obtain personal information*;
 - b) *Declarations and questionnaire*;
- 3) I have attached to this declaration the following documents;
 - a) copies of all driver's licences and passports held by me;
 - b) a copy of my full birth certificate;
 - c) a copy of the race bookmaker's security guarantee in force for the duration of the period for which the licence has been requested;
- 4) I am the person identified in this document and the person in the photograph attached below;
- 5) I have personally completed this form or have supplied all the information indicated herein;
- 6) I certify that the particulars contained herein and all matters accompanying this form are true and correct in every detail and fully disclose the information required to be completed;
- 7) Where applicable, I have signed each page of this application form; and
- 8) I have forwarded the determined fee with this application form.



Date of Photograph: _____

Signature: _____

Date of signature: _____

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Declared at _____
on the _____ **day of** _____, **20** _____,

Signature of person making the declaration

Before me, _____
Signature of Witness

Full name, address and title of Witness before whom this declaration is made
(Witness must be an approved person under the *Statutory Declarations Act 1959*)

NOTE 1. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the *Statutory Declarations Act 1959*.
NOTE 2. Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* - see section 5A of the *Statutory Declarations Act 1959*.

STAFF IN CONFIDENCE

Commonwealth of Australia

CONSENT TO OBTAIN PERSONAL INFORMATION

(for categories where **FULL EXCLUSION** has been granted from spent convictions legislation)

I.....
hereby:

(Full name - **BLOCK LETTERS** and in **INK**)

- (i) acknowledge that I have read *Information for Applicants* provided with this Form and understand that I am being considered for a licence for which a full exclusion (see below) has been granted from the Spent Convictions Scheme and that consequently I must declare all convictions and findings of guilt recorded or pending that relate to me;

The nature of the exclusion is as follows: a regulatory full exclusion applies pursuant to Section 19(7) of the *Spent Convictions Act 2000* (ACT). Section 9 of the *Spent Convictions Act 2000* (ACT) states the Act applies to convictions against non-ACT laws.

- (ii) certify that the personal information I have provided on this form is correct;
- (iii) consent to the **ACT GAMBLING AND RACING COMMISSION** forwarding this form to the Australian Federal Police and/or the Police Services of the States or Territories of the Commonwealth of Australia and receiving relevant information;
- (iv) specify entitlement applied for – **ACT RACE BOOKMAKING LICENCE**;
- (v) consent to the AFP or other relevant Australian police force(s) extracting from their records copies of traffic violations, and/or traffic records relating to me pending before a Court and/or details of convictions or findings of guilt which have been recorded against me and which are not covered by Part VIIC of the *Crimes Act 1914* dealing with spent convictions; and
- (vi) acknowledge that any information provided by me on this Form or by the police as a result of the records check may be taken into account by the ACT Gambling and Racing Commission in assessing my suitability to receive the entitlement.

Signature..... Date / /

Note: The information you provide on this form and which the police provide to this organisation on receipt of the form, will be used only for the purpose stated above unless statutory obligations require otherwise.

Personal Particulars

Full Exclusion

Family name (present)		All other Family names used	
Given names		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth	Town / city of birth	State / country of birth	
Contact phone Number	Driver's licence number	State	

Permanent Residential Address Over Last Ten Years

If full details of previous addresses are unavailable details of town(s) and state(s) will suffice. <i>Attach list if insufficient room.</i>	If actual dates are unavailable, Details of year of residence will suffice
Current	Period of residence / / to / /
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /

CRIMINAL/TRAFFIC CHARGE, CONVICTION OR PECUNIARY PENALTIES

Are you the subject of any traffic violations, criminal or traffic charge(s) still pending before a court? Yes No

Do you have any conviction(s) or finding(s) of guilt? Yes No

If you answered YES to any of the above questions please provide details on an attachment page

<p><u>USER CODE - 88</u></p> <p>RACING and WAGERING SECTION ACT GAMBLING and RACING COMMISSION PO BOX 214 CIVIC SQUARE ACT 2608 ATTENTION: MANAGER RACING and WAGERING</p>	<p><u>Police Use Only</u></p> <p>Australian Federal Police NOT RECORDED / RECORDED</p> <p>Signature:</p> <p>Date:/...../.....</p> <p>For Commissioner Australian Federal Police</p>
--	---

PERSONAL INFORMATION

Date compiled: / /

NAME		
1A	Family Name	
	Given Name	
	Middle Name(s)	
	Alias(es), Nicknames, Maiden Names, other names by which you have been known.

ADDRESSES	
1B	Current Residential Address: Street: _____ Suburb: _____ State: _____ Postcode: _____
	Postal Address (if different to residential address): Street: _____ Suburb: _____ State: _____ Postcode: _____
	Contact Details:
	Home : _____
	Business : _____
	Mobile : _____
Other : _____	
Fax : _____	

COMMERCIAL - IN- CONFIDENCE

1C	List all addresses at which you have resided over during the last ten (10) years in Australia or elsewhere, beginning with your current address and working backwards. (Approximate dates are acceptable but no period of time should be unaccounted for)				
	Month and Year (From – To)	Street Address	Suburb	State	Postcode
OCCUPATION					
1D	Occupation:				
	Present Business Address:				
BIRTH DETAILS					
1E	Date of Birth: / /			Sex: Male / Female	
	Place of Birth (City, State, Country)				
*You must provide a copy of your full birth certificate					
FATHER DETAILS					
1F	Full Name:				
	Date of Birth: / /			Usual Occupation:	
	Place of Birth:				
MOTHER DETAILS					
1G	Full Name:				
	Date of Birth: / /			Usual Occupation:	
	Place of Birth:				

COMMERCIAL - IN- CONFIDENCE

MARITAL INFORMATION					
1H	Marital Status Single Married Divorced Defacto Widowed				
	Date and Place of Marriage:				
	Full Name of Spouse/Defacto:				
	Maiden Name (as applicable) of Spouse/Defacto:				
	Date of Birth of Spouse/Defacto: / /				
	Place of Birth of Spouse/Defacto:				
BROTHERS AND SISTERS					
1I	List all, including half/step brothers and sisters.				
		Full Name	Relationship	Occupation	Date of Birth
	1				
	2				
	3				
	4				
	5				
CHILDREN					
1J	List all, including step or adopted children.				
		Full Name	Relationship	Occupation	Date of Birth
	1				
	2				
	3				
	4				
BUSINESS HISTORY, ARRESTS, DETENTIONS AND LITIGATION					
2A	Have you ever been convicted or found guilty of an offence against a gaming law in the ACT or a corresponding law in any other state or territory? If YES, furnish details on an attachment page.				Yes/No
2B	Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? If YES, furnish details on an attachment page.				Yes/No

COMMERCIAL - IN- CONFIDENCE

2C	Have you ever had a judgement returned against you? If YES, furnish details on an attachment page.			Yes/No
2D	Have you ever been suspended, fined, disqualified or warned off by any thoroughbred, harness or greyhound racing club, or other sporting body or tribunal? If YES, furnish details on an attachment page.			Yes/No
2E	Have you ever incurred liabilities in connection with betting transactions that you have not discharged in full? If YES, furnish details on an attachment page.			Yes/No
2F	Have you ever been refused or had a Bookmakers Licence suspended in another State or Territory? If YES, furnish details on an attachment page.			Yes/No
2G	Have you ever been dismissed, discharged or asked to resign from any employment? If Yes, complete the following			Yes/No
	Date	Name and Address of Employer	Supervisor's Name	Reason
2H	Directorships and Business Affiliations: List all corporations, partnerships, joint ventures or any businesses which you have, and are currently associated with, which you have actively participated in the management or operation thereof as a director, office holder, partner or other capacity. If insufficient space use an attachment page.			
	Name of Organisation	ACN/ABN	Capacity	Current / Date when Ceased

COMMERCIAL - IN- CONFIDENCE

2I	Have you ever held an executive position with any company that has either been in, or is about to be placed in, liquidation or receivership? If yes, supply details on an attachment page.	Yes/No
2J	Have you at any time been engaged in bookmaking operations in any capacity or otherwise involved in the racing industry? If YES, furnish details on an attachment page.	Yes/No
2K	Have you ever become bankrupt or taken advantage of the laws relating to bankruptcy or insolvency? If YES, furnish particulars on an attachment page.	Yes/No
2L	Have your salary, wages, earnings or other income been subject to garnishee order, attachment or similar? If YES, furnish details on an attachment page.	Yes/No
2M	Have you ever had any article repossessed by a finance company or similar? If YES, furnish details on an attachment page.	Yes/No
2N	<p>Have you ever had any association with any tax avoidance or evasion schemes? In this regard, I understand that the Commissioner of Taxation states a “tax evasion” and “tax avoidance scheme” as follows:</p> <p>Tax Evasion: <i>"... an illegal act, omission or arrangement by which it is sought to escape the assessment or payment of tax. It includes the failure to lodge tax returns, an omission or understatement of income in a return form and a false or excessive claim for a tax reduction or rebate".</i></p> <p>Tax Avoidance Scheme: <i>"... in broad terms, a scheme which, objectively viewed, would be regarded as having been entered into for the sole or dominant purpose of acquiring a tax advantage. It does not include an ordinary commercial or family dealing which would be regarded as not having a dominant tax purpose. Nor does it include a declaration, election, selection, notice or option expressly provided for in the tax laws unless that declaration, etc. formed part of a wider tax avoidance scheme".</i></p>	Yes/No

3. PASSPORT AND TRAVEL INFORMATION			
Passport Number:			
Country:			
Place of Issue:			
Date of Issue: / /		Date of Expiration: / /	
If you are the holder of more than one passport, please include information on an attachment page.			
Have you travelled out of Australia during the past five (5) years? If yes, complete the following:			
Date of Departure	Date of Return	Country	Reason for Travel
* <i>You must provide a copy of your passport</i>			
4. ARMED FORCES INFORMATION			
Have you ever served in any Armed Forces? If YES, complete the following:-			Yes/No
Country:		Service:	
Mustering:		Date of Engagement: / /	
Date of Discharge: / /		Type of Discharge:	
Rank at Discharge:		Service Number:	
While in the armed forces, were you ever arrested for an offence which resulted in summary action, a trial or court martial? If YES, furnish details on an attachment page.			Yes/No

5. CHARACTER REFERENCES	
Nominate three persons who are not related to you and who have known you for a period preferably during the last five years. Referees may be asked to appraise your character and reputation.	
Full Name:	
Address: Street: _____ Suburb: _____ State: _____ Postcode: _____	
Occupation:	
Telephone:	Years Known:
Full Name:	
Address: Street: _____ Suburb: _____ State: _____ Postcode: _____	
Occupation:	
Telephone:	Years Known:
Full Name:	
Address: Street: _____ Suburb: _____ State: _____ Postcode: _____	
Occupation:	
Telephone:	Years Known:

COMMERCIAL - IN- CONFIDENCE

6. EMPLOYMENT		
	Beginning with your current employment, list your work history, including all businesses with which you have been involved during the last ten (10) years. Approximate dates are acceptable but no period of time should be unaccounted for. If not enough space, provide details on an attachment page.	
1.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
2.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
3.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
4.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:
5.	Month and Year: (From - To)	Name and Address of Employer:
	Job Title:	Description of Duties:
	Name of Supervisor:	Reason for Leaving:

6A. FINANCIAL STATEMENT			
STATEMENT OF ASSETS As at/...../..... (i.e. date of this Statement or recent date) (NOTE: Describe fully. If additional space is required, use attachment pages).			
CURRENT ASSETS			
Financial Institution	Branch	Account Number	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
CASH OTHERWISE HELD			
Details			Amount
			\$
			\$
			\$
DEBTS OWING TO YOU			
Details		Due Date	Amount
			\$
			\$
			\$
			\$
OTHER CURRENT ASSETS			
Details			Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

FINANCIAL STATEMENT					
INVESTMENTS					
List all shareholdings (including those beneficially held), Bonds, Debentures, Notes etc.					
Company Details	ACN	No: Held	Year Acquired	Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
INVESTMENTS (other than those listed above)					
Description				Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
FIXED ASSETS					
Real Estate (Own residence and other properties)					
Location and Description			Year Acquired	Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
OTHER ASSETS					
Motor vehicles, caravan, boat, furniture, jewellery, antiques, collections etc					
Description				Acquisition Cost	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL ASSETS				\$	

6B.

FINANCIAL STATEMENT

STATEMENT OF LIABILITIES

As at

(i.e. date of this Statement or recent)

(NOTE: Indicate secured liabilities. If additional space is required, use attachment pages).

MORTGAGES, LOANS AND OTHER LONG TERM LIABILITIES

Financial Institution and Branch	Maturity Date	Monthly Repayment	Amount of Loan	Amount Outstanding
			\$	\$
			\$	\$
			\$	\$

CREDIT CARD AND OTHER LIABILITIES

Name and Address of Lender	Monthly Payment	Amount Outstanding
	\$	\$
	\$	\$
	\$	\$

OTHER CURRENT LIABILITIES (Indicate details of Creditor)

Details	Amount
	\$
	\$
	\$

CONTINGENT LIABILITIES

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

TOTAL LIABILITIES

\$

6C.

INCOME/OTHER FUNDS

Indicate the sources over the past five (5) years of all income and other benefits received for your use or disposal whether as a result of your employment or association with any corporation, partnership, joint venture or business or otherwise.

Financial Year	Source	Amount
		\$
		\$
		\$
		\$
Total		\$
Financial Year	Source	Amount
		\$
		\$
		\$
		\$
Total		\$
Financial Year	Source	Amount
		\$
		\$
		\$
		\$
Total		\$
Financial Year	Source	Amount
		\$
		\$
		\$
		\$
Total		\$
Financial Year	Source	Amount
		\$
		\$
		\$
		\$
Total		\$

