



**ACT**  
Government



GAMBLING  
AND  
RACING  
COMMISSION

ABN: 13 567 691 159

## ***RACE AND SPORTS BOOKMAKING ACT 2001***

### **SPORTS BOOKMAKING LICENCE APPLICATION**

## **Instructions on completing the Application Form**

1. Before completing this form please read the following instructions carefully. Applicants should ensure that all requirements are fully understood, all information is provided and declarations made. FULL AND FRANK DISCLOSURE MUST OCCUR.
2. Type or print an answer to every question in BLACK BIRO using BLOCK LETTERS.
3. If a question does not apply to you, write "N/A".
4. If there is nothing to disclose in reply to a particular question write "NIL".
5. If an electronic version of this form is being completed, no question, or the order of questions, is to be altered.
6. If there is insufficient space on a printed form in which to answer a question, additional information may be provided on an attachment page. An attachment page is provided at the end of this document.
7. When using an attachment page label each answer with the title applicable to that question.
8. All dates should be completed in the form - Day/Month/Year.
9. This form is to be completed in English. Original documents in other languages are to have a certified English translation appended.
10. Each page of this form and each attached page are to be signed by the person completing the form in the space provided.
11. The determined fee is to accompany this application. No refund will be made. The currently determined fee is available from the following hyperlink:  
  

<http://www.gamblingandracing.act.gov.au/TheCommission/Fees.htm>
12. Failure to provide true, correct and full disclosure to any questions in this form may bring into question the suitability to be granted a sports bookmaking licence.
13. "Relevant Person" packages must accompany this application for a sports bookmaking licence.
14. This application form, relevant person forms and accompanying fee should be sent to:

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

## Information for Corporate applicant

### 1. Background

It is unlawful for a person to act as a sports bookmaker unless the person is licensed.

The *Race and Sports Bookmaking Act 2001* (the Act) provides for the licensing of sports bookmakers. Before a sports bookmaking licence is granted, the corporate entity will be required to meet suitability requirements established by the legislation. The suitability requirements for the corporate entity and relevant persons are that a relevant person has:

- a. a reputation for sound business conduct;
- b. a satisfactory financial position and financial background;
- c. within 5 years before the suitability requirements are applied, has not been convicted or found guilty of an offence against a gaming law or against a corresponding law prescribed under the regulations;
- d. does not owe an amount that has become payable by the person to the Commission or the Territory under this Act or another gaming law;
- e. not been convicted or found guilty (in Australia or a foreign country) of an offence punishable by death or imprisonment, other than an offence that does not, having regard to all relevant circumstances (including, for example, the nature of the offence and how long ago the offence was committed), establish reasonable grounds for believing that the person is now of unsound character;
- f. at any time, has not associated, or entered into any business or financial arrangements, with a person who has a reputation for unsound business conduct or unsound character;
- g. given an undertaking acceptable to the commission to provide, and has demonstrated to the commission's satisfaction the ability to provide, a security guarantee on issue of the licence;
- h. provided a security guarantee; and
- i. a satisfactory ownership, trust or corporate structure.

### 2. Confidentiality

The information obtained in the process to determine your suitability to be granted a sports bookmaking licence will be treated in the strictest confidence and in accordance with the requirements of the *Privacy Act 1988* (Cwlth) and the secrecy provisions of the *Gambling and Racing Control Act 1999*.

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**Declaration For "Corporation"**  
**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* on behalf of

\_\_\_\_\_  
(Full details of the Corporation including the ACN)

- 1) I have authority to apply on behalf of the Corporation to compete this application for a Sports Bookmaking Licence;
- 2) I have personally completed and attached to this application declarations and questionnaire for the Corporation;
- 3) I have attached to this declaration the documents required under **Q6**;
- 4) I have attached a "Relevant Person" package for:
  - a) each Director, Company Secretary, Chief Executive Officer or any person who makes or participates in making decisions that affect the whole, or substantial part, of the business of the Corporation;
  - b) a person who solely or with others, owns or has a beneficial interest, or can control or influence, the voting shares in 5% of the Corporation
- 5) 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;
- 6) I have not omitted or failed to disclose any information or document that may have a material bearing in relation to the assessment for suitability for this Corporation to hold a Sports Bookmaking Licence;
- 7) The Corporation will produce the following documents if so requested by the ACT Gambling and Racing Commission:
  - a) Taxation Returns;
  - b) Minutes of Board Meeting or Shareholder Meetings;
  - c) any information that may be relevant to financial statements; and
- 8) I have signed each page of this application form.

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 person before whom the declaration is made

\_\_\_\_\_  
Position of person making the declaration

\_\_\_\_\_  
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*.

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Date compiled: ..... / ..... / .....

CORPORATE INFORMATION	
<b>1A</b>	Name
<b>1B</b>	ACN
	ABN
<b>1C</b>	Date of Incorporation
<b>1D</b>	Place of Incorporation
<b>1E</b>	Registered Office Street: _____ Suburb: _____  Postcode: _____ State: _____
<b>1F</b>	Postal Address Street: _____ Suburb: _____  Postcode: _____ State: _____
<b>1G</b>	Place of Business Street: _____ Suburb: _____  Postcode: _____ State: _____
<b>1H</b>	Contact Details  Phone : _____  Fax : _____
<b>1I</b>	Contact Details for Application Name : _____ Position: _____  Phone : _____  Mobile : _____

**HISTORY**

**1J** Provide a brief history of the Corporation including details of business activities.

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**CORPORATE STRUCTURE**

**1K** Provide full details of all Parent, Subsidiary and related corporate entities including details as to the nature of the business conducted by such companies.

Name	ACN/ABN	Relationship	Type of Business

**1L** Of those corporate entities identified above nominate which entities own or control 5 percent or more of issued shares or voting rights of the corporate applicant.

Name	Percentage Held	Acquisition Date

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<b>1M</b>	List all corporate entities or businesses in which the corporate applicant has a financial interest.		
	Name	ACN/ABN	Interest

**BUSINESS ASSOCIATIONS**

<b>1N</b>	<p>Has the corporate applicant been associated with the ownership, including shares, administration or management of:</p> <p>(1) a Casino;                  (2) Keno or Lottery operations;                  (3) Interactive gambling;                  (4) Race wagering or Sports wagering operations;                  (5) Greyhound, Harness or Thoroughbred industry;                  (6) Club, Hotel or Tavern;                  (7) the manufacture, assembling , selling, distribution, importing, supplying or repairing of gambling machines, in line machines, lucky envelope machines or other amusement devices.</p> <p>If YES, detailed information must be provided on the attachment page.</p>	YES / NO
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**LITIGATION**

<b>1O</b>	Have any prosecutions or other legal action been taken by or against the Corporation? If YES, provide the following information.			YES / NO
	Name of Litigant	Date	Court File No	Result

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<b>1P</b>	Is there any pending litigation by or against the Corporation? If YES, provide the following information.		YES / NO
	Name of Litigant	Reason for Litigation	Court File No

**BUSINESS ADDRESSES**

<b>1Q</b>	List all addresses at which the Corporation has conducted business over the last 20 years beginning with the current address. Approximate dates are acceptable but no period of time should be unaccounted for.				
	Month and Year (From – To)	Street Address	Suburb	State	Postcode



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<b>1R</b>	Provide a flow chart showing the corporate applicant and all corporate and business associations and trust structures.
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Corporate Applicant

<b>PERSONNEL</b>	
<b>2A</b>	List the names, appointment dates and residential addresses for each Director, Company Secretary, Chief Executive Officer or any person who makes or participates in decisions that affect the whole, or significant part of, the business of the corporation.
1	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____
2	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____
3	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____
4	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____
5	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____
6	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____
7	Name _____ Date _____ Street: _____ Suburb: _____ State: _____ Postcode: _____

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<b>2B</b>	List the names, appointment and cease dates for each Director, Company Secretary, Chief Executive Officer or any person who made or participated in the making of decisions that affected the whole, or significant part of, the business of the corporation who have ceased to hold office during the last 5 years.
1	Name _____ Appointment Date _____ Cease Date _____
2	Name _____ Appointment Date _____ Cease Date _____
3	Name _____ Appointment Date _____ Cease Date _____
4	Name _____ Appointment Date _____ Cease Date _____
5	Name _____ Appointment Date _____ Cease Date _____

**BOARD STRUCTURE**

<b>2C</b>	Provide the following details on the structure of the Board.		
	Position	No	Person/s
	Chair		
	Deputy Chair		
	Secretary		
	Director/s		
	Non-Executive Directors		

<b>OPERATIONAL STRUCTURE</b>			
<b>2D</b>	Provide the following details on the operational structure of the Corporation. Must include any person who makes or participates in making decisions that may affect the whole, or substantial part of, the business of the corporation.		
	Position	No	Person/s
	CEO		
	Managing Director/s		
	Operational Manager/s		
	Manager/s		
	CFO		
	Other		
<b>AUDITORS</b>			
<b>2E</b>	Provide the details of the Company Auditors over the last 5 years.		
	Firm/Name	Phone No	From To
<b>LEGAL</b>			
<b>2F</b>	Provide the details of any legal advisers, solicitors and /or consultants engaged over the last 5 years.		
	Firm/Name	Phone No	From To



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<b>FINANCIAL DETAILS</b>				
<b>4A</b>	Has the Corporation had audited financial statements for a consecutive period of 5 years?  <i>* You must submit audited financial statements for the last 5 years. If the period of time is less than five years all audited statements must be provided since incorporation.</i>			YES / NO
<b>4B</b>	Does a Parent entity control the Corporation?  <i>* If YES you must submit audited financial statements for the Parent entity for the last 5 consecutive years.</i>			YES / NO
<b>4C</b>	Has there been any substantial or material change to the Corporation since the last audited financial statements?  If YES provide detailed explanation on attachment page.			YES / NO
<b>4D</b>	Has the Corporation received any type of financial assistance, including loans from the parent company? If YES provide details.			YES / NO
	Date	Type	Amount	Current / Date Repaid
<b>4E</b>	Are there any fixed or floating charges held against the Corporation? If YES provide details.			YES / NO
	Date	Fixed / Floating	Amount	Institution

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<b>4F</b>	Has the Corporation provided a related party benefit or loan to a Director, Company Secretary, Chief Executive Officer or any person who makes or participates in the making of decisions that affected the whole, or substantial part, of the business of the corporation, at any time? If YES provide details.			YES / NO
	Date	Person	Amount / Benefit	Reason
<b>4G</b>	Has the Corporation provided a third party related benefit or loan to a company or business or family member associated with a Director, Company Secretary, Chief Executive Officer or any person who makes or participates in the making of decisions that affected the whole, or substantial part, of the business of the corporation, at any time? If YES provide details.			YES / NO
	Date	Beneficiary	Amount / Benefit	Reason
<b>4H</b>	Provide details of all bank accounts operated/held by the corporation.			
	Institution		Branch	Account No

FINANCIAL STATEMENT				
<b>5A</b>	<b>STATEMENT OF ASSETS</b>			
	As at ...../...../..... (i.e. date of this Statement or recent date) (NOTE: Describe fully. If additional space is required, use attachment pages).			
	<b>CURRENT ASSETS</b>			
	Financial Institution	Branch	Account Number	Amount
				\$
				\$
				\$
				\$
				\$
				\$
	<b>CASH OTHERWISE HELD</b>			
	Details			Amount
				\$
				\$
				\$
	<b>DEBTS OWING</b>			
	Details		Due Date	Amount
				\$
				\$
				\$
				\$
	<b>OTHER CURRENT ASSETS</b>			
	Details			Amount
				\$
				\$
			\$	
			\$	
			\$	
			\$	
			\$	





<b>FINANCIAL STATEMENT</b>					
<b>5C</b>	<b>STATEMENT OF LIABILITIES</b>				
	As at .....				
	(NOTE: Indicate secured liabilities. If additional space is required, use attachment pages).				
	<b>MORTGAGES, LOANS AND OTHER LONG TERM LIABILITIES</b>				
	Financial Institution and Branch	Maturity Date	Monthly Repayment	Amount of Loan	Amount Outstanding
				\$	\$
				\$	\$
				\$	\$
	<b>CREDIT CARDS AND OTHER LIABILITIES</b>				
	Name and Address of Lender		Monthly Payment	Amount Outstanding	
		\$	\$		
		\$	\$		
		\$	\$		
<b>OTHER CURRENT LIABILITIES (Indicate details of Creditor)</b>					
Details			Amount		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>CONTINGENT LIABILITIES</b>					
(i.e. Liabilities of an indefinite nature or unspecified amount for which may become liable in the future.) Please provide details.					
_____					
_____					
_____					
_____					
_____					
<b>TOTAL LIABILITIES</b>			<b>\$</b>		

<b>INCOME/OTHER FUNDS</b>			
<b>5D</b>	Indicate the sources over the past five (5) years of all income and other benefits received for the Corporation's use or disposal whether as a result of an association with any corporation, partnership, joint venture or business or otherwise.		
	Financial Year	Source	
	<b>Total</b>		
	Financial Year	Source	
	<b>Total</b>		
	Financial Year	Source	
	<b>Total</b>		
	Financial Year	Source	
<b>Total</b>			
Financial Year	Source		
<b>Total</b>			

<b>CORPORATE DOCUMENTS</b>		
<b>6</b>	The following documents must be included as part of the Application Package.	
	Description	Inserted Yes/No
	1. Business Plan  <i>* The business plan must also include: proposed sport bookmaking events to be offered, the markets to be targeted, structure of the bookmaking operations, and services to be offered (for example: face to face, internet, telephone).</i>	
	2. Corporate Constitution	
	3. Replaceable Rules for Corporation	
	4. Articles of Association (if applicable)	
	5. Biographies for each Board Member	
	6. Statement as to whether Australian Racing Products (greyhound, harness & thoroughbred) will be offered	
	7. Financing Documents	
	8. Tax returns for previous 2 years	
	9. Audited Financial Statements – (5 years or from date of incorporation if lesser period)	
	10. Audited Financial Statements for Parent Company (5 years)	

## Authority for Release of Information

I, \_\_\_\_\_  
(Name of Corporation - **BLOCK LETTERS** and in **INK**)

of \_\_\_\_\_  
(Address - **BLOCK LETTERS** and in **INK**)

herein after referred to as the Person:

1. authorise the ACT Gambling and Racing Commission (the Commission) and any person conducting any investigations or inquiries on behalf of the Commission for the purposes of the *Race and Sports Bookmaking Act* (the Act), including any officer of the Commission (“Authorised Officer”), to obtain any information and make any investigations or inquiries which relates to the Person and may be relevant to any of the purposes of the Act, in any jurisdiction;
2. authorise the manager or other principal officer of any branch or office of a bank, financial institution or tax agent/accountant in any jurisdiction to whom a copy of this Authority is presented to allow any Authorised Person to inspect and obtain copies of, or to release to any Authorised Person, any record, document or other information of any kind in written, electronic or any other form, which relates to the Person;
3. authorise any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this Authority is presented to release to any Authorised Person any information or official record of any kind in written, electronic or any other form, which relates to the Person and is held by the police service, agency or body, including any information relating to the criminal or civil history of the Person; and

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Position: \_\_\_\_\_

Signed in the presence of:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Name of witness: \_\_\_\_\_  
(Please print)

