



Gaming machine seller's licence

Information for applicants

1. This application form is for a person applying for a gaming machine seller's licence. Applications by corporations should not be made using this form.
2. Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents to support the application. Failure to supply information can delay a decision on the application.
3. For more information, visit www.olgr.nsw.gov.au
4. If you need help in completing the application form, call (02) 9995 0894 or email gamingapplications@olgr.nsw.gov.au
5. Lodge this application form with payment and supporting documents by one of the following methods:

Post

Office of Liquor
Gaming & Racing
GPO Box 7060
Sydney NSW 2001

Fax

Office of Liquor
Gaming & Racing
(02) 9995 0819

OFFICE USE ONLY

GRL200

By (circle): mail | OTC | fax | email

Date lodged _____

Amount paid \$ _____

GLS receipt no _____

Application number _____

Finalised by _____

Date finalised _____

Licence number _____

Deliver to

Office of Liquor
Gaming & Racing
Level 6, 323 Castlereagh St
Haymarket NSW 2000

Email

gamingapplications@olgr.nsw.gov.au

PART 1 About the applicant

Title _____ Gender _____

First name _____ Middle name _____

Surname _____ Date of birth (dd mm yyyy) _____

Place of birth e.g. Camperdown _____ Phone (home) _____

Phone (mobile) _____ Phone (daytime) _____

Fax _____ Driver's licence _____ State _____

Email address _____

Residential address (always a 'physical' street address)

Street no. _____ Street name _____

Town/city _____ State _____ Postcode _____

Country (if not Australia) _____

Postal address (if different from residential address) a PO Box if one exists; otherwise a 'physical' street address. We will use this mailing address when we contact this person.

PO Box or street no. _____ Street name _____

Town/city _____ State _____ Postcode _____

Country (if not Australia) _____



Is or was the applicant ever associated with a gaming machine licence in NSW? (e.g. as a licensee) ___ Yes ___ No

If Yes, supply licence name, licence number, applicant's role and start/end dates:
[Multiple horizontal lines for text entry]

If Yes, tell us:

Employer's name

Position with employer

Start date with employer (dd mm yyyy) End date with employer (dd mm yyyy)

Licence number

Has the applicant been refused or disqualified from holding a liquor or gaming licence in Australia? ___ Yes ___ No

If Yes, supply details:
[Multiple horizontal lines for text entry]

Provide the following details of your employer or proposed employer:

Name

ABN Licence number

Address

If you are self-employed, state the following:

Name of business

ABN

Address of business

PART 2 Other parties interested in the business

If you propose to carry on a business (as opposed to being an employee), is any other person entitled to receive:

- a) any income derived from the business, or any other financial benefit or financial advantage from the carrying on of the business (whether the entitlement arises at law or in equity or otherwise); or
- b) any rent, profit or other income in connection with the use or occupation of premises on which the business is to be carried on?
 - If the interested party is an individual (ie. a person), answer all questions in Part 2A only.
 - If the interested party is an organisation (e.g. a company), answer all questions in Part 2B only.
 - If the interested party is an individual and an organisation, answer all questions in Parts 2A and 2B.
 - If insufficient space in this form for multiple interested parties, attach a separate sheet answering all questions for each interested party.

PART 2A Interested party (if an individual)

Title	Gender	
First name	Middle name	
Surname	Date of birth (dd mm yyyy)	
Place of birth e.g. Camperdown	Phone (home)	
Phone (mobile)	Phone (daytime)	
Fax	Driver's licence	State
Email address		

Residential address (always a 'physical' street address)

Street no.	Street name		
Town/city	State	Postcode	
Country (if not Australia)			

Postal address (if different from residential address) a PO Box if one exists; otherwise a 'physical' street address. We will use this mailing address when we contact this person.

PO Box or street no.	Street name		
Town/city	State	Postcode	
Country (if not Australia)			

PART 2B Interested party (if an organisation)

Name of organisation	
ABN	ACN
Phone (daytime)	Fax
Web address	

Business address (always a 'physical' street address)

Street no.	Street name		
Town/city	State	Postcode	
Country (if not Australia)			



Postal address (if different from business address) a PO Box if one exists; otherwise a 'physical' street address.

PO Box or street no.	Street name		
Town/city		State	Postcode
Country (if not Australia)			

If the organisation is a proprietary company (ie. Pty Ltd), you must tell us the name of all directors and shareholders.

PART 3 Other information we need

Attach:

- a National Police Certificate for the applicant
To obtain a National Police Certificate in NSW, visit your local police station and complete 'National Criminal History Record Check application form P799, present 3 of the acceptable identity documents, and pay the \$52 fee. For more information, go to www.police.nsw.gov.au and select the Criminal Records link. Similar arrangements apply in other States/Territories
- a copy of the 3 identity documents presented when applying for the National Police Certificate

PART 4 Payment for this application

Pay a \$100 fee by :

Cheque (payable to 'Office of Liquor, Gaming & Racing') Cash Money order Credit card

Cheque drawer's name

MasterCard VISA Card no Expiry date CVV*

*These are the last 3 digits printed on the signature panel on the back of your credit card

Cardholder's name

Cardholder's signature

Payment amount \$

Note: a further fee of \$400 is payable after grant of the licence.

PART 5 Declaration

- I declare that I am 18 years or older and I am authorised to lodge this application.
- I declare that the contents of this application including attachments are true, correct and complete and that I have made all reasonable inquiries to obtain the information required to complete the application.
- I undertake to immediately notify the Authority of any change to the information in this application, if the information changes before the application is determined.
- I declare that the applicant is not suspended or disqualified from holding a gaming machine seller's licence.
- I acknowledge that under section 36 of the *Gaming and Liquor Administration Act 2007* and section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or incomplete information in this application.
- I acknowledge that failure to provide all required information may result in delay or refusal of the application.
- I understand that specific details I have supplied in this application may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*. Personal information is any information or opinion that identifies an individual, or enables someone to identify an individual.
- I acknowledge that the Independent Liquor & Gaming Authority is collecting information to enable processing of the application. I also understand that the Authority will use the information for its intended purpose only, store the information securely, and allow the applicant or licensee to access and update the information. When processing this application, the Authority may need to disclose information to other Government agencies.

If the applicant is an individual (ie. a person), complete Part 5A only. If the applicant is an organisation (e.g. a company), complete Part 5B only.

PART 5A Applicant (if an individual)

Signature

Date

PART 5B Applicant (if an organisation)

This panel must be signed in accordance with the requirements in section 127 of the *Corporations Act 2001*.

Signature 1

Position

Date

(e.g. director)

Signature 2

Position

Date

(e.g. director, company secretary)

If the application is lodged by a legal or other representative, tell us:

Name of representative

Representative's business name

Phone (daytime)

Fax

Address for correspondence

Email address

Reminder

Before sending your application to us, check:

1. You have answered all applicable questions in Parts 1 to 2
2. You have attached the documents listed in Part 3
3. Payment is enclosed, or the credit card details are completed, in Part 4
4. You have read and signed Part 5.