

Before commencing this application please read the insert provided. If you require assistance you may contact the Liquor and Gaming Branch on (03) 6166 4040 - Hobart or (03) 6777 2777 - Launceston.

APPLICATION FOR LICENSED PREMISES GAMING LICENCE

(AUTHORITY TO OPERATE KENO AND/OR GAMING MACHINES)

CHECKLIST PLEASE ENSURE REQUIREMENTS FOR EACH ITEM ARE COMPLETE BEFORE SUBMITTING THIS APPLICATION

- All questions are answered and details provided where required - ensure you write in **BLOCK LETTERS** in pen, not pencil. If a question does not apply to you state N/A in response to that question.
- All required documents from Section B are provided with this application.
- Where applicable, Associate Application Form(s) are completed and provided with this application.
- The correct application fee is enclosed (refer to schedule of fees).
- Payment can be made by credit card, cheque or money order made payable to the Tasmanian Liquor and Gaming Commission.

You may be requested to provide additional information as part of the assessment of your application.

GAMING LICENCE CATEGORIES	PLEASE TICK <input checked="" type="checkbox"/>	TYPE OF APPLICANT	PLEASE TICK <input checked="" type="checkbox"/>
1. Keno	<input type="checkbox"/>	1. Individual	<input type="checkbox"/>
2. Gaming Machines	<input type="checkbox"/>	2. Partnership	<input type="checkbox"/>
3. Keno & Gaming Machines	<input type="checkbox"/>	3. Club	<input type="checkbox"/>
		4. Company	<input type="checkbox"/>

SECTION A - APPLICANT DETAILS

IA. INDIVIDUAL OR PARTNERSHIP APPLICANT (NAME OF EACH PERSON)

NAME:
ADDRESS:
POSTCODE:

NAME:
ADDRESS:
POSTCODE:

CONTACT PERSON

HOME PHONE	BUSINESS PHONE	MOBILE / AH	FAX

EMAIL

Ib. CORPORATE APPLICANT (FOR EXAMPLE CLUB OR COMPANY)

NAME OF CORPORATION:
REGISTERED OFFICE/ADDRESS:
POSTCODE:

REGISTERED NO. OF CORPORATE APPLICANT (ABN,ACN or INCORPORATION No.)

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CONTACT PERSON

HOME PHONE	BUSINESS PHONE	MOBILE / AH	FAX

EMAIL

2. DETAILS OF PREMISES

PREMISES NAME:
ADDRESS:
POSTCODE:

PROPOSED NUMBER OF KENO TERMINALS:	PROPOSED NUMBER OF GAMING MACHINES:
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PROPOSED COMMENCEMENT DATE:

3. NAME OF LIQUOR LICENSEE

TITLE	SURNAME	GIVEN NAME/S

4. IS THE APPLICANT THE OWNER OF THE PREMISES?

YES NO (If NO complete Section 5)

5. PREMISES OWNER DETAILS

NAME OF OWNER

ADDRESS

HOME PHONE	BUSINESS PHONE	MOBILE / AH	FAX

EMAIL

6. APPLICANT ASSOCIATES (REFER BELOW)

- Where the applicant is an individual or partnership an ‘Associate Application Form’ must be completed by the individual or each partner.
- Where the applicant is a company or incorporated body an ‘Associate Application Form’ must be completed by each director; manager; secretary; executive committee person and public officer. A number of these forms are included in the application documentation for completion by those persons. Further forms are available from the Commission.
- Where:
 - a) the liquor licensee differs from the applicant; or
 - b) a gaming manager is employed at the venue
 an ‘Associate Application Form’ must be completed by that person.

PLEASE LIST BELOW DETAILS OF THE APPLICANT AND ANY OTHER PERSONS ASSOCIATED WITH THE APPLICATION WHO WILL BE COMPLETING AN ‘ASSOCIATE APPLICATION FORM’.

FULL NAME	DATE OF BIRTH	POSTION TITLE

DEFINITION ASSOCIATE

An “associate” of an applicant is any person who:

- (a) holds, or will hold, any relevant financial interest, or is, or will be, entitled to exercise any relevant power (whether in right of the person or on behalf of any other person) in the gaming operation business of the applicant, by virtue of that interest or power, is able, or will be able, to exercise a significant influence over, or with respect to, the management or operation of that gaming operation business; or
- (b) holds, or will hold, any relevant position, whether in the right of the person or on behalf of any other person, in the gaming operation business of the applicant or licence holder
- (c) is a relative of the applicant, licence holder or person listed.

“relative” means spouse, partner, parent, child or sibling (whether of the full or half-blood);

“relevant financial interest”, in relation to a business, means;

- (a) any share in the capital of the business; or
- (b) any entitlement to receive any income derived from the business;

“relevant position”, in relation to a business means the position of director, manager or other executive position or secretary, however that position is designated

“relevant power”, means any power, whether exercisable by voting or otherwise and whether exercisable alone or in association with others -

- (a) to participate in a directional, managerial or executive decision; or
- (b) to elect or appoint any person to any relevant position.

If you are unsure who are associates to your application please call the Commission on (03) 6166 4040

SECTION B - BUSINESS DETAILS

I. DOCUMENTS TO ACCOMPANY APPLICATION

The documentation and information listed below must accompany the application.

For your assistance, the following checklist is provided (please tick or make comments in the space provided).

<input type="checkbox"/>		COMMENTS
<input type="checkbox"/>	Complete a Surveillance Certification Form stating that the premises surveillance system meets the Commission standards.	
<input type="checkbox"/>	Proof of the applicant's tenure over the premises to which this application relates (For example, copies of lease or title).	
<input type="checkbox"/>	Property plans showing the location of buildings and car parking areas in A3 or A4 size to scale.	
<input type="checkbox"/>	<p>Complete floor plan of the premises indicating the location of the Keno terminals and, if applicable, the restricted gaming area within the premises in A3 or A4 size to scale. The plan should include:</p> <ul style="list-style-type: none"> ▪ The manner in which the restricted gaming area is separated from other areas of the premises; ▪ Location of the coin change area; ▪ EFTPOS terminals; ▪ UBET terminals; and ▪ Entries and exits. 	
<input type="checkbox"/>	A copy of most recent auditor's report on the financial affairs of the applicant.	
<input type="checkbox"/>	<p>Where the applicant is an incorporated body under the Associations Incorporation Act 1964 provide the following:</p> <ul style="list-style-type: none"> ▪ Certificate of Incorporation; ▪ Copies of the memorandum and articles of association, replaceable rules, constitution or other incorporating documents in force at this time; ▪ Statement of Annual Return, as required by the Corporate Affairs Office for the past three (3) years; and ▪ Financial statements consisting of a balance sheet, profit and loss statement for the past (3) three years. 	
<input type="checkbox"/>	<p>Where the applicant is a company:</p> <ul style="list-style-type: none"> ▪ Certificate of Registration of a Company with the Australian Securities and Investments Commission; ▪ Certificate of Registration for the business name under which the company conducts its operations (if applicable); ▪ A corporate family tree showing how the company relates to subsidiary, parent and related entities; ▪ Details of all Holding, Subsidiary and related Companies defined pursuant to the relevant Corporation Law (or equivalent) including details as to the nature of the business conducted by such companies; ▪ Details of Company Directors and Shareholders; ▪ Financial statements of the 'company' consisting of a balance sheet, profit and loss statement and explanatory notes for the past (3) three financial years; and ▪ A copy of the most recent auditor's report on the financial affairs of the company. 	
<input type="checkbox"/>	<p>Where the applicant is a partnership or individual provide the following:</p> <ul style="list-style-type: none"> ▪ Certificate of Registration for the business name for which you are to conduct gaming operations; ▪ Copy of Trust Deed (if applicable); ▪ Copy of the partnership agreement (if applicable); and ▪ Financial statements consisting of a balance sheet, profit and loss statement and explanatory notes for the last three (3) financial years. 	
<input type="checkbox"/>	A completed 'Associate Application Form' for each person listed in Section A of this application.	

2. SPECIAL EMPLOYEES

Please provide the name of staff members who will be working or currently work as special employees at the premises.

FULL NAME	LICENCE NO. (IF APPLICABLE)

Note: A venue will not be given approval to commence keno gaming until there are at least two keno special employees working at the venue. A venue will not be given approval to commence gaming machine gaming until there are at least three gaming machine special employees working at the venue.

SECTION C - TASMANIAN GAMBLING EXCLUSION SCHEME (TGES)

The Tasmanian Gambling Exclusion Scheme is based on the *Gaming Control Act 1993* and provides a way for patrons to exclude themselves from nominated gaming activities at any premises in Tasmania. The scheme is an important part in the responsible conduct of gaming in Tasmania.

An online Exclusion Database has been developed to assist Licensed Premises Gaming licence holders to comply with their obligations under the Scheme. The Database is a central record of all excluded patrons in the state, and makes record keeping, recognition and reporting of excluded persons easier.

As an Applicant for a Licensed Premises Gaming licence, you or your representative will be required to use the Exclusion Database regularly. You will be required to have the following available and operational at the premises:

- Online internet access
- A printer; preferably colour
- An email address for the LPG holder or authorised representative.

You will receive further information about the Scheme and accessing the Exclusion Database once your application for a Licensed Premises Gaming licence has been processed.

CONTACT PERSON

EXCLUSION SCHEME REPRESENTATIVE
EMAIL FOR DATABASE NOTIFICATIONS

CERTIFICATION

(For Corporate Applicants only)

we certify that,

(Name of Responsible Person)

is duly authorised to make the application on behalf
of the organisation.

(Signature)

Print Name (Director/President/Chairman)

this day of 20

(Signature 2)

Print Name (Director/Secretary/Manager/Treasurer)

this day of 20

STATUTORY DECLARATION

(Required by all Applicants)

i, _____

(Full Name of Applicant)

of _____

(Address of Applicant)

DO SOLEMNLY AND SINCERELY DELCARE:

- (a) I have personally completed all the information required in this Licensed Premises Gaming Licence Application Form; and
- (b) I certify that the particulars contained in the completed Licensed Premises Gaming Licence Application Form are true and correct in every detail and fully disclose the information required to complete this application.

AND MAKE THIS SOLEMN DECLARATION
by virtue of the *Oaths Act 2001*.

(Signature of Applicant)

DECLARED at _____

(Place of declaration e.g. Hobart)

in the State of _____

(State of declaration e.g. Tasmania)

this day of 20

before me _____

(Signature of Witness)

(Name and Occupation of Witness)

(Category of Witness)

CATEGORY OF ACCEPTABLE WITNESSES (NOTE: A family member is NOT an acceptable witness)

1. A Commissioner for Declarations	5. A legally qualified medical practitioner
2. A Justice of peace or bail justice	6. A pharmacist
3. A member of the police force	7. An authorized person of the Tasmanian Liquor and Gaming Commission
4. A barrister an solicitor of the Supreme Court	

Applications may be lodged in person, by post or faxed to the contact details below.

Email: gaming@treasury.tas.gov.au
Web: www.gaming.tas.gov.au
Fax: (03) 6173 0218

HOBART
Salamanca Building Parliament Square
4 Salamanca Place HOBART
Ph: (03) 6166 4040

MAILING ADDRESS
GPO Box 1374
HOBART TAS 7001

LAUNCESTON
3RD Floor Henty House
1 Civic Square LAUNCESTON
Ph: (03) 6777 2777

