



TASMANIAN LIQUOR AND GAMING COMMISSION GAMING CONTROL ACT 1993

APPLICATION FOR LISTING ON THE ROLL OF RECOGNISED MANUFACTURERS, SUPPLIERS AND TESTERS OF GAMING EQUIPMENT

NAME OF APPLICANT

.....

ACN or ABN No (please specify which)

**This document and its contents will remain strictly confidential to the
Tasmanian Liquor and Gaming Commission.**

LIQUOR AND GAMING CONTACT DETAILS

Salamanca Building Parliament Square
4 Salamanca Place HOBART TAS 7000
Telephone: (03) 6166 4040 Facsimile: (03) 6173 0218

Level 3 Henty House 1 Civic Square LAUNCESTON TAS 7250
Telephone: (03) 6777 2777 Facsimile: (03) 6173 0218

GPO Box 1374 HOBART TAS 7001 Australia
Email: gaming@treasury.tas.gov.au Web: www.gaming.tas.gov.au

July 2018
Trim Ref: 08/79730

Personal Information Protection Statement

1. Personal information will be collected from you for the purpose of determining your application and will be used by the Liquor and Gaming Branch, Department of Treasury and Finance, for managing, assessing, advising upon and determining the relevant application and may be used for other purposes permitted by the *Gaming Control Act 1993* and Regulations.
2. You are required to provide this information by the *Gaming Control Act 1993* and Regulations. Failure to provide this information may result in your application not being able to be processed or the service not being able to be provided.
3. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Liquor and Gaming Branch, the Tasmanian Liquor and Gaming Commission, law enforcement agencies, debt collection and other finance agencies for the purposes of conducting a credit check, courts and other organisations authorised to collect it.
4. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information.
5. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department. You may be charged a fee for this service. Further information on the Department's policies in relation to the *Personal Information Protection Act 2004* can be found at <http://www.treasury.tas.gov.au/pip>.

GAMING CONTROL ACT 1993

INFORMATION

In accordance with the Gaming Control Act 1993, the Tasmanian Liquor and Gaming Commission is required to conduct investigations of all incorporated bodies which seek to be listed on the Roll of Recognised Manufacturers, Suppliers and Testers of Gaming Equipment in Tasmania.

The following forms are to be used in conjunction with this application:

Incorporated Body History Proforma -

All incorporated bodies applying to be listed on the Roll of Recognised Manufacturers and Suppliers of Gaming Equipment must complete a 'Incorporated Body History Proforma'.

Associate Application Form -

Any person who holds the position of director, partner, trustee, executive officer and secretary and any other officer or person determined by the Commission to be associated or connected with the ownership, administration or management of the incorporated body must complete a 'Associate Application Form'.

Fees -

A fee of 500 fee units must accompany this application. The applicant is also obliged to pay any reasonable costs incurred by the Commission in investigating and inquiring into an application to be listed on the Roll. Investigation and inquiry costs may include travelling expenses within or outside Tasmania.

Assessment process -

The assessment will involve references to various organisations which may include the following:

- Tasmania Police
- Financial Institutions
- Professional Bodies
- Australian Securities and Investments Commission
- Gaming Regulatory Authorities.

Where applicable, reference may also be made to interstate, federal and overseas equivalents of these organisations.

Failure to fully disclose all information or to provide complete records as required may, in itself, be sufficient reason to result in an applicant being denied listing on the Roll.

Publication of notice.

Within fourteen days of an application being made, an applicant must publish in a newspaper circulating generally in Tasmania, the following notice:

GAMING CONTROL ACT 1993

.....
(Name of corporation and ACN No.)

has applied to be listed on the Roll of Recognised Manufacturers, Suppliers and Testers of Gaming Equipment in Tasmania.
Any person may object to the granting of the application within 14 days of this notice. Grounds for the objection must be made in writing to the Tasmanian Liquor and Gaming Commission GPO Box 1374, Hobart 7001.

.....
Secretary

Applicant Details

1.	Full name of manufacturer/supplier applying for listing on the Roll	
2.	ACN or ABN No. of Company (please specify which)	
3.	Registered Office of manufacturer/supplier	
4.	Details of a contact person - This is the person who is to receive any correspondence from the Commission.	
a)	Title (Mr, Mrs, Miss, Ms, Dr)	
b)	Full Name	
c)	Position Title	
d)	Postal Address	
e)		
f)	Day time telephone No.	()
g)	Fax No.	()

Submission of this Application

This application is to be accompanied by;

- a) a completed 'Incorporated Body Proforma' (if applicable) in respect of the applicant;
- b) a completed 'Associate Application Form' in respect of any person who holds the position of director, partner, trustee, executive officer and secretary and any other officer or person determined by the Commission to be associated or connected with the ownership, administration or management of the incorporated body.
- c) the prescribed fee; and

should be forwarded to the Tasmanian Liquor and Gaming Commission marked:

PERSONAL AND CONFIDENTIAL - ROLL APPLICATION

Tasmanian Liquor and Gaming Commission
Manager Operations
GPO Box 1374
HOBART 7001

STATUTORY DECLARATION VERIFYING AN APPLICATION FOR LISTING ON THE ROLL OF MANUFACTURERS, SUPPLIERS AND TESTERS.

I 1

of 2

DO SOLEMNLY AND SINCERELY DECLARE:

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

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

.....
(Signature of Applicant)

DECLARED at 3)
in the State of 4.....)
this ____ day of _____ 20 ____.

before me

.....
(Name and Occupation of Witness)

NOTES

- 1 Full name of applicant
- 2 Address of Applicant
- 3 Place of declaration, e.g. Hobart
- 4 State of declaration, e.g. Tasmania

CATEGORY OF ACCEPTABLE WITNESSES

- | | | | |
|----|---|----|--|
| 1 | A Commissioner for Declarations | 11 | A veterinary surgeon |
| 2 | A Justice of the peace or bail justice | 12 | A pharmacist |
| 3 | A notary public | 13 | A principal in the teaching service |
| 4 | A barrister and solicitor of the Supreme Court | 14 | The manager of a bank |
| 5 | A clerk to a barrister and solicitor of the Supreme Court | 15 | A member of the Institute of Chartered Accountants in Australia or the Australian Society of Certified Practising Accountants or the National Institute of Accountants |
| 6 | A member of the police force | 16 | A minister of religion authorised to celebrate marriages |
| 7 | A councillor of a municipality | 17 | A person who holds a prescribed office in the public service. |
| 8 | A town clerk or municipal manager | | |
| 9 | A legally qualified medical practitioner | | |
| 10 | A dentist | | |

CREDIT CARD AUTHORITY

This authority must only be completed where you wish to pay your application fee with a credit card.

Payment Categories	Application Fee	Renewal Fee
Application to be listed on Roll of recognised manufacturers and suppliers	\$790.00	N/A
Associate to Roll Listing when not previously fingerprinted	\$229.10	N/A
Associate to Roll Listing when previously fingerprinted	\$134.30	N/A

Name on Credit Card:-	
Acceptable Credit Cards (please tick):- MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>	
Credit Card No _____ / _____ / _____ / _____	Expiry Date ____ / ____
Card Verification Number (last 3 digits on signature panel) ____ _	

Signature of credit card holder:-	
Total amount to be debited	\$ _____

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