APPLICATION FOR A BOOKMAKER’S LICENCE

Betting Control Act 1954

# Applicant Details

|  |  |
| --- | --- |
| Applicant Name (trading name if applicable): |  |

|  |  |  |
| --- | --- | --- |
| Please indicate the type of bookmaker’s licence you are applying for - | | |
|  | As a natural person (proceed to section 2) |  |
|  | As a partnership (proceed to section 3) |  |
|  | As a body corporate (proceed to section 4) |  |

# Application for a Bookmaker’s Licence - Natural Person (Once completed proceed to section 5)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

1. **Application for a Bookmaker’s Licence - Partnership** (Note: If any member of the partnership is a body corporate, please also complete section 4 – Once completed proceed to section 5).

|  |  |  |
| --- | --- | --- |
| ABN (If applicable): |  |  |

## Partnership Details

|  |  |
| --- | --- |
| Contact Person: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  |

|  |  |
| --- | --- |
| Member nominated as having knowledge of bookmaking activities and relevant obligations required under the Act. |  |

|  |  |
| --- | --- |
| Proposed Manager: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  |

*Names of members of Partnership (Please provide additional details on a separate sheet if insufficient space):*

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

# (Section 3 continued)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |
| --- | --- | --- |
| Are further details attached to this application? | **YES** | **NO** |

1. **Application for a Bookmaker’s Licence - Corporate Body** (Once completed proceed to section 5)

|  |  |
| --- | --- |
| Company Trading Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACN: |  |  | ABN: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Incorporation/Registration: |  | Date: | / / |

## Company Details

|  |  |
| --- | --- |
| Contact Person: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  |

|  |  |
| --- | --- |
| Person nominated as having knowledge of bookmaking activities and relevant obligations required under the Act. |  |

|  |  |
| --- | --- |
| Proposed Manager: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

*Names of Directors, Office Bearers and Other Persons in Positions of Authority (Please provide additional details on a separate sheet if insufficient space):*

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

**(Section 4 continued)**

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| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

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| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |
| --- | --- | --- |
| Are further details attached to this application? | **YES** | **NO** |

*Names of Shareholders (If applicant is a proprietary company)*

*(Please provide additional details on a separate sheet if insufficient space):*

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

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| Surname: |  | Given Names: |  |

|  |  |
| --- | --- |
| Residential Address: |  |

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| --- | --- | --- | --- | --- | --- |
| Telephone: |  | (daytime contact) |  | Date of Birth: | / / |

|  |  |  |
| --- | --- | --- |
| Are further details attached to this application? | YES | **NO** |

1. **Type of Application Sought** (Select necessary licence and proceed to section 6)

|  |  |  |  |
| --- | --- | --- | --- |
| **Grandstand Enclosure** | Leger | **Country**  **Racecourse** | **Sports** |
| Thoroughbred  Harness  Greyhound | Thoroughbred  Harness  Greyhound | Thoroughbred  Harness  Greyhound | Thoroughbred  Harness  Greyhound |

1. **Declaration**

The applicant declares that all the information provided in this form and in any supporting documentation is true and correct and understand that the provision of false and misleading information will constitute a breach of the *Betting Control Act 1954*.

###### IF THE APPLICANT IS A NATURAL PERSON OR PARTNERSHIP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Applicant: |  |  | Date: | / / |
|  | |  |  | |
| Signature of Witness: |  |  |  | |
|  | |  | Name of Witness (please print clearly) | |
| Signature of Applicant: |  |  | Date: | / / |
|  | |  |  | |
| Signature of Witness: |  |  |  | |
|  | |  | Name of Witness (please print clearly) | |

###### IF THE APPLICANT IS A BODY CORPORATE

The common seal of was affixed by the authority of the Directors on / / .

Affix Common Seal Here

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Director: |  |  |  |
|  | |  | Name of Director (please print clearly) |
| Signature of Director: |  |  |  |
|  |  |  | Name of Director (please print clearly) |

1. **Fee**

The application fee for lodgement is outlined in the [fee schedule](http://www.rgl.wa.gov.au/racing/applications/fees-and-charges).

Please ensure that a Personal Particulars Form for each individual identified accompanies this application form.

**PAYMENT DETAILS**

An invoice with detailed payment options will be provided once the application has been received.