APPLICATION FOR A BOOKMAKER’S

#### MANAGER LICENCE

Betting Control Act 1954

1. **Details of Applicant**

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

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

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

|  |  |
| --- | --- |
| Date proposed to commence for the purpose of conducting the business of bookmaking: | / / |

|  |  |  |
| --- | --- | --- |
| Have you previously held a bookmaker’s manager licence issued by the Gaming and Wagering Commission? | **YES** | **NO** |

(If yes, please provide details below or attach a separate sheet if insufficient space)

|  |  |
| --- | --- |
| Manager’s Licence No. |  |
|  | | |  |  |
| **Bookmaker** | | | **Licence Number** | **Period** |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |

# Details of Bookmaker with Whom You are Seeking Appointment as Manager

|  |  |  |  |
| --- | --- | --- | --- |
| Bookmaker Licence No. |  | Name of Bookmaker: |  |

|  |  |
| --- | --- |
| Address of Bookmaker: |  |

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

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

1. **Declaration**

I declare 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*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Applicant: |  |  | Date: | / / |

1. **Fee**

The application fee for lodgement is outlined in the fee schedule, available at [www.dlgsc.wa.gov.au](http://www.dlgsc.wa.gov.au)

Please ensure that a Personal Particulars form and a National Police Clearance Certificate not older than 3 months accompanies this application form.

**PAYMENT DETAILS**

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