



Department of
**Local Government, Sport
and Cultural Industries**

APPLICATION FOR A TEMPORARY BOOKMAKER'S EMPLOYEE'S LICENCE

Betting Control Act 1954 – Section 12A

1. Details of Bookmaker

Bookmaker Licence No. _____ Name of Bookmaker: _____

Mailing Address of Bookmaker: _____

Bookmaker's Licensed Manager (if applicable): _____

Telephone: _____ (daytime contact)

2. Details of Employee

Surname: _____ Given Names: _____

Residential Address: _____

Telephone: _____ (daytime contact) Date of Birth: ____ / ____ / ____

3. Employment Particulars

Racecourse: _____

Date of Employment: ____ / ____ / ____

4. Employee's Particulars

Have you previously been granted a temporary bookmaker's licence?
(If yes, please provide details below or attach a separate sheet if insufficient space)

YES

NO

Course	Bookmaker	Date

Have you ever been convicted of an offence other than those dealt with
by way of an infringement notice?

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

YES

NO

Offence	Date	Place	Sentence/Penalty

5. Declaration

I/we 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 Licensee or
Licensed Bookmaker's Manager: _____

Date: ____ / ____ / ____

Signature of Employee: _____

Date: ____ / ____ / ____

6. Steward's Use Only

Application :

Approved

Refused

(Please indicate)

Signature of Steward

Name of Steward

(please print clearly)

Note: This form is to be forwarded to the Gaming and Wagering Commission, PO Box 8349, Perth Business Centre WA 6849 or rgl@dlgsc.wa.gov.au within three (3) days of the conclusion of the race meeting to which the approval relates.