# Venue operator's licence – approval of a company or incorporated association

This package contains the application and information material for approval of a company or incorporated association as a venue operator.

#### How to apply

This is an interactive PDF form which allows you to:

- complete the form using a computer or tablet
- save your progress and continue at a later time
- print the completed form to sign and return.

You are still able to print the form and complete it by hand if you prefer.

This form has been designed to be completed using the free Adobe Acrobat Reader software. To download this free software, please <u>visit the following</u> <u>link</u> or search for the free "Adobe Acrobat Reader" on your devices app store.

This form may not function as intended if you use any other software.

#### Send application to:

Victorian Gambling and Casino Control Commission GPO Box 1988 Melbourne Vic 3001

#### or lodge in person at:

Level 4, 12 Shelley Street Richmond VIC 3121

#### or via email to:

contact@vgccc.vic.gov.au

#### Need help?

For more information on how to apply for a gambling licence or permit:

- visit the Victorian Gambling and Casino Control Commission (VGCCC) website at <u>vgccc.vic.gov.au</u>
- telephone the VGCCC on 1300 599 759
- email the VGCCC at <u>contact@vgccc.vic.gov.au</u>





#### Important information

## Venue operator's licence – company or incorporated association

#### **Directions for completion**

#### Answer every question and use BLOCK letters.

If a question does not apply, or if there are no details to disclose in response to a particular question, print N/A (not applicable) in response.

If the space available is insufficient, please supply the required information on an attachment page(s). If you do so, begin each answer with the title and reference of the question you are responding to.

You must carefully review the application form and lodgement checklist (see page 5) to ensure it is fully completed and that all required attachments are provided. This simple check could save unnecessary delays in registration and processing time of the application.

The application form may be returned to you if you do not provide a response to all applicable questions, or if all required attachments are not enclosed

#### Nomination of an authorised officer to complete the application form on behalf of the applicant

For the purposes of this application, the 'applicant' must nominate an 'authorised officer' responsible for the completion of an application form and for the certification of all information provided. The authorised officer will be an associate of the applicant and should have capacity to influence the business direction of the applicant. This capacity to influence may include but extends beyond the day to day management and control of the approved gaming venue. The authorised officer is typically the chairman of the board of directors/committee of management, managing director, director, chief executive officer, public officer or club/company secretary.

#### False or misleading information

It is an offence under the Act to give information that is false or misleading. If you give false or misleading information, your application may be refused and/or you may be prosecuted and fined up to 60 penalty units (go to Gambling Fees and Fines at <a href="https://www.uccc.vic.gov.au">wgccc.vic.gov.au</a> to confirm the current value of a penalty unit).

#### **Publication of disciplinary action**

A venue operator licence holder may be subject to disciplinary action being taken by the VGCCC. If the VGCCC does take disciplinary action against a licensed venue operator, its decision, including the licensee's full name and licence number, will be published on the VGCCC website and in the VGCCC Annual Report.

#### **Notification of changes**

#### While your application is in progress

Between lodging the application and a decision being made about it, the VGCCC must be notified in writing about any changes to the information that has been provided (including any documents lodged with the application). Failure to provide the VGCCC with updated information may result in the application being refused, or any licence granted being subsequently cancelled.

#### Following grant of a licence

If a licence is granted, the licensee will also be given a set of Directions which give a licensee an ongoing responsibility to notify the VGCCC of specified changes in its situation. Whenever a specified change takes place, written notice must be given to the VGCCC within 7 or 14 days of the change taking place. If the VGCCC is not notified of a specified change, disciplinary action may be taken against the licensee and/or the licensee may be prosecuted and fined up to 60 penalty units.

#### Payment of fee

The prescribed fee must accompany this application. Please note that once an application has been registered, the application fee is non-refundable. **Note:** Go to Gambling Fees and Fines at <u>vgccc.vic.gov.au</u> to confirm the current fee. The application fee can be paid by: cheque or money order, made payable to the Victorian Gambling and Casino Control Commission; or credit card payment.

#### **Privacy policy**

The Victorian Gambling and Casino Control Commission is committed to responsible and fair handling of personal information consistent with the *Privacy and Data Protection Act 2014* and its obligations under the *Gambling Regulation Act 2003*.

#### Confidentiality provisions

Information provided in your application must not be disclosed by the VGCCC or its staff to someone else, except for the purposes stated in Division 6 of Chapter 10 of the Act (to access these provisions go to <a href="mailto:vgcc.vic.gov.au">vgccc.vic.gov.au</a>).

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001 contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





VOLCIA 20230404 2 of 32

#### General information

## Venue operator's licence – company or incorporated association

#### Who is an Associate?

The questions contained in this application form assist to identify a corporation's associates, who must complete an Associated Individual or Associated Entity form. This application must be accompanied by completed associate forms for relevant associates identified from the completion of this form. For the purposes of the Act an "associate" of a gambling industry participant is—

- (a) a person who 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 gambling business of the gambling industry participant, and 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 business; or
- (b) a person who is or will be an executive officer, whether in right of the person or on behalf of any other person, of the gambling business of the gambling industry participant; or
- (c) if the gambling industry participant is a natural person—a person who is a relative of the gambling industry participant.

The Act provides the following definitions which assist to identify associates:

- "executive officer", in relation to a body (whether incorporated or not), means—
- (a) a director, secretary or member of the committee of management of the body (by whatever name called); or
- (b) any other person who is concerned with, or takes part in, the management of the body, whether or not the person's position is given the name of executive officer;
- "relative", in relation to a person, means-
- (a) the spouse or domestic partner of the person;
- (b) a parent, son, daughter, brother or sister of the person; or
- (c) a parent, son, daughter, brother or sister of the spouse or domestic partner of the person;
- "relevant financial interest", in relation to a gambling business, means—
- (a) any share in the capital of the business; or
- (b) any entitlement to receive any income derived from the business; or
- (c) any entitlement to receive any payment as a result of money advanced;
- "relevant power" means any power, whether exercisable by voting or otherwise and whether exercisable alone or in association with others—
- (a) to participate in any directorial, managerial, or executive decision; or
- (b) to elect or appoint any person as an executive officer.

Associates may include directors, shareholders with 10% or more of ordinary shares and/or 10% or more of preference shares, subsidiaries, related entities or the ultimate holding entity of the corporation; and any other individual or entity determined by the VGCCC to be an associate. Subsequent investigations by the VGCCC may reveal additional associates of the corporation. These individuals or entities will also be required to complete and submit an appropriate associate form.

#### **Lodgement of Associate forms**

Associated Individual and Associated Entity forms are part of the application for a venue operators licence and must be lodged with this application form. The VGCCC is aware of the confidentiality of personal information provided in Associated Individual forms. Accordingly, Associated Individual forms may be provided with an application in a **sealed envelope** with instructions that it may only be opened after it has been lodged with the VGCCC.

Where an Associated Individual has failed to provide necessary information, the form will be returned in a sealed enveloped (marked 'strictly confidential' and 'to be opened by addressee only') to the authorised officer to organise completion and re-lodgement to the VGCCC.

#### **Term of licence**

If approved, a venue operator's licence is generally granted for a term of 10 years, subject to the conditions specified in the licence, unless cancelled, surrendered or suspended.





VOLCIA 20230404 3 of 32

#### Who must nominate a nominee and when must a nominee be proposed?

The Act requires that within 60 days, or the longer period allowed by the VGCCC, after a venue operator is notified that it has been granted a licence or after the conditions of the licence are amended by the addition of an approved venue, the venue operator must—

- (a) nominate, for each approved venue, a natural person to be responsible as licensee on behalf of the venue operator; and
- (b) apply to the VGCCC for approval under this section of the person nominated.

In addition, within 60 days, or the longer period allowed by the VGCCC, after—

- (a) a venue operator is notified by the VGCCC of a refusal to approve a person nominated under this section; or
- (b) a person nominated by the venue operator and approved by the VGCCC resigns, is dismissed or ceases to manage or control the approved venue-

the venue operator must nominate another natural person to be responsible as licensee on its behalf and apply to the VGCCC for approval of the person nominated.

#### What is a nominee and what are a nominee's responsibilities?

The nominee is the natural person who is responsible as licensee on behalf of the venue operator and is accountable for the management and control of the gaming venue.

#### Is there a fee to request a nominee approval?

Yes. To confirm the current fee, refer to the 'Gambling fees and fines' information sheet available at vgccc.vic.gov.au.

#### What if I don't nominate a nominee or the nominee resigns?

If a venue operator does not have a person who has been approved by the VGCCC to manage or control an approved venue, the directors or members of the committee of management of the body corporate are severally liable under the Act as licensee. Application forms for approval of a Nominee of a venue operator can be obtained from the VGCCC's website or office or you may request an application form be posted to you by telephoning the VGCCC on 1300 599 759.

#### Application for approval of premises for gaming

Premises where gaming is proposed to be conducted must be assessed and approved by the VGCCC as suitable for gaming. To be eligible to apply to be approved for gaming under the Act, a pub liquor licence, a club liquor licence or a racing club licence must be in force. It is a condition of every premises approval that, when the premises are an approved venue, there must be a continuous four (4) hour break from gaming after every 20 hours of gaming and there must not be more than 20 hours of gaming each day.

However, applicants seeking approval of premises that are located in the Melbourne Statistical Division and which have a liquor licence authorising the supply of liquor at any time, can apply at the same time for approval to open the premises as an approved venue for 24 hours on any day.

Further information on applying for approval of premises for gaming and the appropriate form can be obtained from the VGCCC on telephone 1300 599 759.

#### Application to include or remove approved premises

If granted, your venue operator's licence will permit you to operate electronic gaming machines at premises approved by the VGCCC for gaming. In applying for a venue operator's licence you can, at the same time, nominate approved premises to be included on your licence.

Alternatively, once you have a venue operator's licence you can apply to the VGCCC at any later time within the life of the licence to have it amended to include approved premises, allowing you as venue operator to have gaming at the premises listed on your licence. Multiple premises can be included in your licence, however each inclusion (or removal) of premises requires a separate application to the VGCCC.

While the same form will be used to apply to include or remove premises, the prescribed fee applies only if you are including premises in your licence. You can apply to have your venue operator's licence amended to include any approved premises at any time.





Lodgement guide

# Venue operator's licence – approval of a company or incorporated association

The following documentation, where applicable, must be submitted with this application:

If applying for a hotel venue operator's licence, refer to Q2(a): -

a **copy** of the Certificate of Registration and constitution (if a company) or a **copy** of the Certificate of Incorporation, rules and the minutes of the most recent meeting confirming the committee members (if an incorporated association)

If applying for a **club** venue operator's licence, refer to Q2(b): –

a **copy** the Certificate of Registration and constitution (if a company) or the Certificate of Incorporation, rules and the minutes of the most recent meeting confirming the committee members (if an incorporated association)

a copy of the club liquor licence or racing club licence, if one is currently held

if a club liquor licence or racing club licence is **not** currently held, the declaration number as a community or charitable organisation

if a club liquor licence or racing club licence is **not** currently held and the applicant has **not** been declared, the **copy** of the applicant's constitution (if a company) or rules (if an incorporated association) noted above must be certified as true and correct by the authorising officer\* and include clearly marked provisions prohibiting the distribution of any annual profit or surplus to its members or the distribution of any surplus to its members on winding up. In addition, if the constitution or rules does **not** include a statement of community purpose setting out the purposes for which the applicant is established, a separate statement of community purpose.

copy(ies) of the Record of Registration for Business Name - refer to Q5

a copy of the minute or resolution appointing the authorised officer - refer to Q6

a copy of documentation confirming any court outcomes or settlement agreements - refer to Q8

historical organisational extract, unless the applicant is incorporated under the Associations Incorporation Reform Act 2012 – refer to Q14(a) and attachment 1

if applicable, a corporate family tree - refer to Q16

Associated Individual and/or Associated Entity forms - refer to Q6, Q14(b), Q15, Q17, Q19, Q20 and Q29(d)

audited or certified financial statements - refer to Q21 and attachment 2

a financial institution letter - refer to Q22 and attachment 3

a copy of the contract of sale, funding details etc, unless applying to renew a licence - refer to Q24

a list of creditors - refer to Q25

business credit file - refer to Q26 and attachment 4

a copy of the Trust Deed - refer to Q29(a)

if applying for a **new** licence, a **copy** of the public notice (if it has been published) – refer to Q32

required details regarding the Self-Exclusion Program - refer to Q33 and attachment 5

required details regarding the Responsible Gambling Code of Conduct - refer to Q34 and attachment 6





#### Strictly Confidential

## Venue operator's licence – approval of a company or incorporated association

#### Applicant details

1. Full name of the applicant:

Australian Corporation Number (ACN) / Associations Incorporation Number:

Australian Business Number (ABN):

2.(a) Does this application relate to a hotel venue operator's licence?

YES

NO

If NO, proceed to Q2(b).

If **YES**, a **copy** of the Certificate of Registration and constitution (if a company) or the Certificate of Incorporation, rules and the minutes of the most recent meeting confirming the committee members (if an incorporated association) must be provided.

Is the above information attached?

YES

NO

(b) Does this application relate to a club venue operator's licence?

YES

NO

If NO, proceed to Q3.

If **YES**, a **copy** of the following documents must be provided:

- the Certificate of Registration and constitution (if a company) or the Certificate of Incorporation, rules and the minutes of the most recent meeting confirming the committee members (if an incorporated association); and
- the applicant's club liquor licence or racing club licence (if either is held).

Is the above information attached?

YES

NO

If YES, proceed to Q3.

If the applicant does not currently hold a club liquor licence or a racing club licence but has been declared as a community or charitable organisation by the VGCCC, please provide its declaration number below.

**Declaration Number:** 

If a declaration number is provided above, proceed to Q3.

If not, a copy of the applicant's constitution (if a company) or rules (if an incorporated association) must be attached which is certified as true and correct by the authorising officer\* and includes clearly marked provisions prohibiting the distribution of any annual profit or surplus to its members or the distribution of any surplus to its members on winding up must be provided.

\*The authorising officer is defined under the Act as the public officer or secretary (if an incorporated association) or the company secretary (if a company).

Victorian Gambling and Casino Control Commission ABN 56 832 742 797

Level 4, 12 Shelley Street Richmond VIC 3121 **GPO Box 1988** Melbourne VIC 3001

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au

In addition, if the applicant's constitution or rules do not include a statement of community purpose setting out the purposes for which the club is established, a separate statement of community purpose must be provided.

Is the above information attached?

YFS

NO

3. Applicant's registered office address and contact details:

Daytime telephone number:

Mobile telephone number:

Email address:

4. Applicant's postal address - if same as Q3, write 'as above':

5.(a) Has the applicant operated or does it intend to operate under any business name/s?

YES

NO

If NO, proceed to Q5(b).

If YES, provide details below.

Is a copy of each Record of Registration for Business Name attached? (The Record of Registration can be requested through ASIC at asic.gov.au or through Business Registration Service at business.gov.au)

YES

(b) Has the applicant's name or business/trading name changed in the last 3 years?

YES

NO

If NO, proceed to Q6.





6 of 32 VOLCIA 20230404

If <b>YES</b> , provide details below. Include what the name was changed from and to, and the date of the change.	9. Has the applicant ever been the defendant/respondent to any legal action in the past 10 years (including in progress)?
	YES NO
	If <b>NO</b> , proceed to Q10
	( <b>Note:</b> Failure to disclose relevant legal action will delay determination of any new venue operator's licence connected to this application).
	If YES, provide the following details:
Have further details been provided on an attachment page?  PYES  NO	Nature of legal action:
<b>6.</b> Details of authorised officer on behalf of the applicant : First Name:	
Middle Name/s:	Plaintiff:
Surname:	Jurisdiction*:
Position Held:	Result/Settlement:
(e.g. company director/secretary, club president/secretary etc)	Court or tribunal where matter was heard (if applicable):
Daytime telephone number: Mobile telephone number:	Case no. issued by court/tribunal (if known):
Email address:	Date of delivery of judgement (if known):
<b>Note:</b> The authorised officer <b>must</b> provide a <b>copy</b> of the minute or resolution authorising them to apply for a venue operators licence on behalf of the applicant <b>and</b> complete an Associated Individual form.	If a matter has been finalised a copy of independent documentation confirming the court outcome or, if settled out of court, a copy of the settlement agreement must be provided,
7. Has the applicant ever applied for a liquor licence?	regardless of whether any terms of the agreement are confidential.
YES NO	Is a copy of the court outcome or settlement agreement attached?
Legal Action	YES NO
8. Has the applicant ever been investigated by a regulatory body or law enforcement agency? (e.g. ASIC, RIA, APRA, ACCC)	Have further details been provided on an attachment page?
YES NO	YES NO
If NO, proceed to Q9.	Gambling and Racing History
If <b>YES</b> , provide the following details.	10. Has the applicant ever applied for any gambling or racing
Name of regulatory body or law enforcement agency:	industry licence, approval, authorisation or registration?  YES  NO
Nature of investigation:	If <b>NO</b> , proceed to Q11.  If <b>YES</b> , provide the following details of each application:
Date of Hearing (if known):	Type of licence, approval etc:
Result:	Licence No. (if known):
Have further details been provided on an attachment page?  YES  NO	
Victorian Cambling and Lovel 4, 12 Shellov Street conta	ot@vacce vic aov au

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





Name of Racing / Gambling Regulator (if known):	Charges Eindings of Cuilt and Convictions
	Charges, Findings of Guilt and Convictions
Name shown on licence, approval etc:	12. Has the applicant ever been charged with, or found guilty of, a criminal offence, or been investigated by a law enforcement agency for an alleged offence against the applicant?
Licence / approval / association dates:	YES NO
to	If NO, proceed to Q13.
10	If YES, provide the following details:
11. Has the applicant ever been the subject of disciplinary action, or had an application for any licence or permit refused?	Nature of Offence:
YES NO	City or Town:
If <b>NO</b> , proceed to Q12.	
If <b>YES</b> , provide the following details:	Data (day / manth / year)
Type of licence, approval etc:	Date (day / month / year):
Type of ficerice, approval etc.	
	Court/Tribunal etc:
Licence No (if known):	
	Jurisdiction*:
Date action taken (month / year):	ounsalction.
,,,,,,	
	Result of Hearing or other Disposition:
Name of Racing / Gambling Regulator (if known):	
	If the ownership / management structure has changed from that
Details of action taken or any special conditions or restrictions	at the time of the offence/s, describe how:
imposed on a licence, approval etc:	
	Have further details been provided on an attachment page?
	YES NO
Have further details been provided on an attachment page?	13. Has the applicant ever taken part in a diversion program?
	YES NO
YES NO	
(b) If the application was refused or withdrawn, provide details below:	If <b>NO</b> , proceed to Q14.
Type of licence, approval etc sought:	If <b>YES</b> , provide the following details:
Type of licerice, approval etc sought.	Nature of investigation or charge:
Date of application (month / year):	
Name of Racing/Gambling Regulator (if known):	
Name of hacing/dambing negulator (if known).	City or Town:
Reason for refusal or withdrawal:	
	Jurisdiction*:
	Deput of Lieuwing or other Dianosition
	Result of Hearing or other Disposition:
Have further details been provided on an attachment page?	Have further details been provided on an attachment page?
YES NO	YES NO  * "Iurisdiction" means the State or Torritory and if outside Australia the country.
	* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





## Corporate structure and establishment of associates

#### **IMPORTANT INFORMATION**

Historical organisational extract from the Australian Securities and Investments Commission (ASIC)

### Applicants incorporated under Australian Corporations Law

All corporations incorporated under Australian Corporations Law **must** lodge with this application form an historical organisational extract from ASIC (refer to instructions at attachment 1).

### Applicants incorporated under the Associations Incorporation Reform Act 2012

If the applicant is incorporated under the Associations Incorporation Reform Act 2012, an historical organisational extract is **not** required.

**14(a).** Is an historical organisational extract from ASIC attached?

YES

N/A

**14(b).** Detail below any individuals or entities entitled to receive from the applicant, directly or indirectly, any compensation (excluding wages and salaries), benefits or rents based on a percentage or share of the proceeds of gaming:

Name:

Name:

Name:

**Note:** All individuals and entities named in response to Q14(b) **may** be required to complete an appropriate associate form.

Are appropriate associate forms attached for these individuals or entities?

YES

NO

Have further details been provided on an attachment page?

YES

NO

#### IMPORTANT INFORMATION

Q15 must be completed where the applicant is a **company**, if an **incorporated association**, proceed to Q17.

15. Does the applicant have an ultimate holding company (as defined below)?

YES

NO

If NO, proceed to Q16.

If YES, provide the ultimate holding company's name:

**'ultimate holding company'** - is a corporation that is a holding company of the applicant company and is itself a subsidiary of no other corporation.

**Note:** Any entity named in response to Q15 **must** complete an Associated Entity form and associates of an ultimate holding company named in response to Q15 **must** also complete an Associated Entity or Associated Individual form as appropriate.

Are appropriate associate forms attached for these individuals or entities?

YES

NO

16. In the event that the applicant has either a parent or holding company, its shares are held by a company, or it is linked to a trust, then a corporate family tree outlining its structure must be provided.

Is a corporate family tree attached?

YES

NO

**17.** List below the names of all current company directors and the company secretary (if a **company**) or the names of all current committee members and the secretary (if an **incorporated association**).

First Name:

Middle Name:

Last Name:

Position held:

First Name:

Middle Name:

Last Name:

Position held:

First Name:

Middle Name:

Last Name:

Position held:

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au
1300 599 759
vgccc.vic.gov.au





9 of 32

VOLCIA 20230404

First Name:		Name of shareholder:	
Middle Name:		Class of share:	No. of shares held:
Last Name:		Name of shareholder:	
Position held:		Class of share:	No. of shares held:
First Name:		Name of shareholder:	
Middle Name:		Class of share:	No. of shares held:
Last Name:		Name of shareholder:	
Position held:		Class of share:	No. of shares held:
<b>Note:</b> All individuals named in rean Associated Individual form, ewho must complete an application.	xcept the proposed nominee,	Name of shareholder:	
Are appropriate associate/nominionidividuals?	nee forms attached for these	Class of share:	No. of shares held:
YES NO			
IMPORTANT I	NFORMATION	Name of shareholder:	
	able where the applicant is a an incorporated association,	Class of share:	No. of shares held:
entitlement shares only):	and preference shares (income	Name of shareholder:	
(i) Total ordinary shares (voting a	and income entitlement shares):	Class of share:	No. of shares held:
(ii) Total preference shares (incor	ne entitlement shares only):	Name of shareholder:	
19. List below the names of the the number of shares held:  Name of shareholder:	ten (10) largest shareholders and	Class of share:	No. of shares held:
		Name of shareholder:	
Class of share:	No. of shares held:	Class of share:	No. of shares held:

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





10 of 32

**Note:** Shareholders with 10% or more of shares in the applicant company must complete an Associated Entity or Associated Individual form as appropriate. The VGCCC may also require any other shareholder of the applicant to complete an associate form.

Are appropriate associate forms attached for these individuals?

YES N/A

**20.** Do any of the shareholders holding 10% or more of shares hold those shares on behalf of, or in trust for, any individual or entity?

YES NO

If NO, proceed to Q21.

If YES, provide details below:

Shares held by:

Full Name of Beneficial Owner:

No. of shares:

Shares held by:

Full Name of Beneficial Owner:

No. of shares:

Shares held by:

Full Name of Beneficial Owner:

No. of shares:

**Note:** Where a beneficial owner of shares is named in response to Q20, and they hold a total of 10% or more of ordinary or preferential shares, an Associated Entity or Associated Individual form must be submitted.

Are appropriate associate forms attached for these individuals?

YES

N/A

#### **Financial Particulars**

#### IMPORTANT INFORMATION

#### **Accountant or Auditor's statement**

The Accountant or Auditor's statement must be completed and provided with this application.

## Holding Company's Accountant or Auditor's statement (if applicable)

An Accountant or Auditor's statement must be completed and provided with this application in respect of the holding company, if applicable.

#### **Summary of financial information**

In lieu of providing an accountant or auditor's statement, the applicant can provide a summary of financial information for the three most recent completed financial years. The applicant is advised to consult with its accountant or auditor to ensure that the true and correct summary of financial information is provided. The VGCCC may subsequently request audited financial statements be submitted in the event that this summary is found to be incomplete, incorrect or misleading.

The applicant must also ensure the solvency declaration at the end of this section is signed by each Director of the applicant. The solvency declaration requires each Director to declare that they have a reasonable belief that the company will be able to pay its debts as and when they become due and payable.

This solvency declaration will assist the Commission to consider whether the applicant is of sound and stable financial background for the purposes of the *Gambling Regulation Act* 2003.

**21.** Is an Accountant or Auditor's statement for the Applicant or, where applicable, the holding company attached?

YES



If YES, proceed to Q22.

If NO, provide reasons on an attachment page.

If an Accountant or Auditor's statement is not attached, is the summary of financial information and Director's solvency declaration attached?

YES



Have further details been provided on an attachment page?

•

YES

#### **IMPORTANT INFORMATION**

#### **Financial institution letter**

The financial institution letter (see attachment 3) **must** be forwarded to the applicant's major financial provider for completion and submission as part of this application. Where the applicant has no financial history or has traded for less than 12 months, but a holding company exists, the Financial Institution letter should be forwarded to the holding company's major financial institution for completion and submission as part of this application.

**22.** Is a financial institution letter from the applicant's or, if applicable, the holding company's major financial provider attached?

YES



Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au
1300 599 759
vgccc.vic.gov.au





VOLCIA 20230404 11 of 32

23. Provide details of all financial institutions and other sources with which the applicant has accounts, borrowings or investments of \$50,000 or more:	25. Is a listing of the applicant's creditors or, where an applicant has never traded but a holding company exists, a listing of the holding company's creditors attached?
Financial Institution/Source name:	YES NO
	If YES, proceed to Q26.
B 1/0 11	If NO, provide reasons on an attachment page.
Branch/Source address:	Have further details been provided on an attachment page?
	YES NO
	IMPORTANT INFORMATION
Nature of account:	All applicants (whether a company or an incorporated association) <b>must</b> lodge with this application form a Business Credit File (refer to instructions at attachment 4).
F	26. Is the applicant's Business Credit File attached?
Financial Institution/Source name:	YES NO
Branch/Source address:	27. Other than what has been disclosed on the Credit File, is the applicant in default of any debt repayment or loan (including less than \$5,000)? (Note: Do not include details unless a payment is overdue or in arrears)
	YES NO
	If NO, proceed to Q28.
Nature of account:	If <b>YES</b> , complete the following ( <b>Note:</b> All amounts must be stated in Australian currency):
	Financial Institution or creditor:
Have further details been provided on an attachment page?	
YES NO	Total amount outings
,	Total amount owing:
IMPORTANT INFORMATION	
Requirements for an applicant purchasing the business or freehold	Total amount in default:
Where an applicant is purchasing the business/freehold relating to this application, a <b>copy</b> of the contract of sale, details of the source of funding for the purchase and documentary evidence in support of the funding arrangements must be provided. If clarification is required, please contact a Senior Analyst on	No. of days payment is overdue:
1300 599 759.	Financial Institution or creditor:
24. Have you purchased, or are you proposing to purchase, the business and/or freehold property that relate to this licence application?	Total amount owing:
YES NO	
If <b>NO</b> , proceed to Q25.	Total and and to default
If <b>YES</b> , is all required documentation as noted above attached?	Total amount in default:
YES NO	
IMPORTANT INFORMATION	No. of days payment is overdue:
List of Creditors	
A listing of the applicant's creditors, stating the name of the	Have further details been provided on an attachment page?

A listing of the applicant's creditors, stating the name of the creditor, amount owing and number of days debt has been owed, if applicable, must be attached. The list should be completed as at the end of the latest calendar month and be certified by the authorised officer on behalf of the applicant as to its accuracy. Where an applicant has never traded but a holding company exists, a listing of the holding company's creditors must instead be provided as part of this application.

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au

YES



NO



If NO, proceed to Q29.  If YBS, provide the following details:  Date action taken (month / year):  Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):  Peason for action taken:  Have further details been provided on an attachment page?  YES NO  29. Is the applicant a Corporate Trustee?  YES NO  11 NO, proceed to Q30.  If YBS, Q29(a) – (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  Type of Trust (lick one only):  Discretionary Trust Unit Trust A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  Outpany  Individual (tick one box only)  Income:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form. Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Note: All persons identified at Capid and an attachment page?  YES  NO  Note: All persons identified at outper on attached for each person named in response to Q29(d)?  YES  NO  Note: All persons identified at D29(d) above must complete an Associated Individual form or Ass	<ul> <li>28. Has the applicant ever been wound up, placed into liquidation, had a receiver, controller, administrator or agent for a mortgage appointed, entered into a scheme of arrangement or been involved in other similar proceedings? (Note: Include any pending arrangements known to the applicant)</li> <li>YES</li> <li>NO</li> </ul>	Full Name:  Company for of ownership:  Individual (tick one box only) Income:
Data action taken (month / year):  Type of preceedings:  Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):  Passon for action taken:  Reason for action taken:  (a) Specify all of the current beneficiaries/unit holders of the Trust who received 10% or more of the Trust's income distribution in any one of the last three (3) years: Name:  Name:  Name:  (b) Specify all of the current beneficiaries/unit holders of the Trust who received 10% or more of the Trust's income distribution in any one of the Invest's income dis	If <b>NO</b> , proceed to Q29.	Full Name:
Type of preceedings:  Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):  Full Name:  Full Nam	If <b>YES</b> , provide the following details:	
Type of preceedings:    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Demany	Date action taken (month / year):	
Details of administrator, receiver, controller, regulatory body or law enforcement agency (include name and phone no):    Company   Individual (tick one box only)   % of ownership:   Income:    Company   Income:   Income:   Income:	Type of preceedings:	
Reason for action taken:  (c) Specify all of the current beneficiaries/unit holders of the Trust who received 10% or more of the Trust's income distribution in any one of the Isst three (3) years:  Name:  Name:  Name:  (d) Identify below all trust beneficiaries, unit holders of the Trust's prize them individual (tick one box only):  Discretionary Trust  Unit Trust  A copy of the Trust (tick one only):  Discretionary Trust  Unit Trust  Dead since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Individual form or Associated Individual form an attached for each person named in response to Q29(d)?  YES  Note: All persons identified at Q29(d) an an attachment page?  Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Individual form attached for each person named in response to Q29(d)?  YES  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Individual form or Associated Individual form or Associated Individual form attached for each person named in response to Q29(d)?  YES  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated		Full Name:
Reason for action taken:  (c) Specify all of the current beneficiaries/unit holders of the Trust who received 10% or more of the Trust's income distribution in any one of the last three (3) years:  Name:  Name:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (D) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associated Trust attached for each person named in response to Q29(d)?  YES  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associated Entity form.		Company Individual (tick one box only)
Reason for action taken:  Have further details been provided on an attachment page?  YES NO  29. Is the applicant a Corporate Trustee?  YES NO  If NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions:  Name:  Type of Trust (tick one only):  Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust Deed since it was originally submitted.  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  Note: All persons identified at C29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  Note: All persons identified at C29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  Note: All persons identified at C29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  Note: All persons identified at C29(d) above must complete an Associated Individual to the person named in response to Q29(d)?		
Have further details been provided on an attachment page?  ▶ YES  ▶ NO  29. Is the applicant a Corporate Trustee?  ▶ YES  ▶ NO  1f NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  ▶ Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  ▶ YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  ▶ YES  ▶ NO  Have further details been provided on an attachment page?		'
Have further details been provided on an attachment page?  ▶ YES  ▶ NO  29. Is the applicant a Corporate Trustee?  ▶ YES  ▶ NO  If NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  ▶ Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  S a copy of the Trust Deed attached?  ▶ YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  ▶ YES  ▶ NO  Have further details been provided on an attachment page?	Reason for action taken:	
YES NO  29. Is the applicant a Corporate Trustee?  YES NO  If NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust Unit Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below dataits of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Hame:	Llava firethan dataila haan ayanidad ay ay attachusant sana?	Trust who received 10% or more of the Trust's income
YES NO  29. Is the applicant a Corporate Trustee?  ▶ YES NO  Name:  If NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  ▶ Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  ▶ YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  ▶ YES  NO  Have further details been provided on an attachment page?		
If NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	,	
If NO, proceed to Q30.  If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	29. Is the applicant a Corporate Trustee?	
If YES, Q29(a) - (d) must be completed.  (a) Name(s) of Trust:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust  Unit Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	YES NO	Name:
Address:  Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form. Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	If NO, proceed to Q30.	
Address:  (d) Identify below all trust beneficiaries, unit holders or appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust  Unit Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	If <b>YES</b> , Q29(a) - (d) must be completed.	
appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/ change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust Unit Trust A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	(a) Name(s) of Trust:	Name:
appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/ change the Trustee or to influence the Trustee's decisions: Name:  Type of Trust (tick one only):  Discretionary Trust Unit Trust A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?		
Discretionary Trust  Unit Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Name:	Address:	appointor's with voting rights that, by virtue of the Trust Deed, enable them individually or as a group to remove/ change the Trustee or to influence the Trustee's decisions:
Discretionary Trust  Unit Trust  A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Name:	Time of Truck (kink, and only)	
A copy of the Trust Deed is required unless applying to renew a licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Name:  Name:  Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?		Name:
licence and there have been no changes to the Trust Deed since it was originally submitted.  Is a copy of the Trust Deed attached?  YES  (b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	,,	Nume.
<ul> <li>YES</li> <li>(b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:</li> <li>Full Name:</li> <li>Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.</li> <li>Is an appropriate associate form attached for each person named in response to Q29(d)?</li> <li>YES</li> <li>NO</li> <li>Have further details been provided on an attachment page?</li> </ul>	licence and there have been no changes to the Trust Deed since	Name:
(b) List below details of individuals and/or entities that are beneficiaries or unit holders of the Trust:  Full Name:  Note: All persons identified at Q29(d) above must complete an Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	Is a copy of the Trust Deed attached?	
beneficiaries or unit holders of the Trust:  Full Name:  Associated Individual form or Associated Entity form.  Is an appropriate associate form attached for each person named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	YES	
named in response to Q29(d)?  YES  NO  Have further details been provided on an attachment page?	• •	Associated Individual form or Associated Entity form.
YES NO  Have further details been provided on an attachment page?	Full Name:	
Company  Individual (tick one box only)  Have further details been provided on an attachment page?		
Company Individual (tick one box only)	<b>N</b>	, , , , , , , , , , , , , , , , , , , ,
% of ownership: Income:		
	% of ownership: Income:	P ILO P IVO

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





**Q30.** Other than what has been disclosed on the Credit File, has the applicant ever been subject to bankruptcy or any insolvency arrangements?



If NO, proceed to Q31.

If **YES**, complete the following and provide details of circumstances leading to bankruptcy/arrangement proceedings on an attachment page.

Date of Bankruptcy/Arrangement (dd/mm/yyyy):

Date of Discharge/Completion (proposed date) (dd/mm/yyyy):

**Note:** If you are a discharged bankrupt, a copy of your Certificate of Discharge From Bankruptcy must accompany this application (Do not send the original certificate).

Is a copy enclosed?



Q31. Is the applicant the guarantor for someone else's debt or loan?



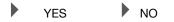
If NO, proceed to Q32.

If **YES**, is any person, including any corporation in respect of whom you have given a guarantee in default of any agreements with respect to payment of a debt or loan?



If YES, provide details on an attachment page.

Have further details been provided on an attachment page?



#### **Advertising Requirements**

#### IMPORTANT INFORMATION

If this application is being made to renew a current venue operator's licence, advertising requirements do **not** apply. If this is the case proceed to Q32.

If this application is being made for a **new** venue operator's licence, within 14 days of making this application the applicant must publish in a newspaper circulating generally in Victoria, a notice containing the prescribed information and a statement that any person may object to the grant of the licence by giving notice in writing to the VGCCC within 28 days of the date of publication, stating the grounds for objection. Set out below is the suggested format of the notice. Please note that the notice requires applicants to include venue details, the number of electronic gaming machines proposed to be installed at the venue and the proposed hours of operation. If at the time of this licence application there are no premises subject to the application, where indicated the public notice should state N/A to reflect that the relevant information is not applicable to the application. Evidence of the publication of the notice must be provided as part of this application immediately the notice is placed.

#### SUGGESTED FORMAT OF THE PUBLIC NOTICE

(Authorised officer's name), as the authorised officer on behalf of (applicant's name) of (applicant's business address) has applied to the Victorian Gambling and Casino Control Commission for a Venue Operator's Licence. If this application is successful, it is proposed to operate (number or N/A) gaming machines between (hours of operation or N/A), (days open or N/A) at (venue name and address or N/A).

In accordance with section 3.4.10 of the *Gambling Regulation Act 2003*, any person or organisation may object to the grant of this licence by giving notice in writing, within 28 days from the date of this newspaper, to:

Victorian Gambling and Casino Control Commission GPO Box 1988, MELBOURNE VIC 3001

The permissible grounds for objection are specified in the Act and relate to the suitability of the applicant to be licensed. Further information may be obtained from the VGCCC on telephone 1300 599 759.

**32.** If applying for a new venue operator's licence, has the notice been published?



If **YES**, is a copy of the publication of the notice attached?



If **NO**, the authorised officer, on behalf of the applicant, **must** forward to the VGCCC a copy of the advertisement within 14 days of the application being lodged.

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001 contact@vgccc.vic.gov.au
1300 599 759
vgccc.vic.gov.au





VOLCIA 20230404 14 of 32

#### **Responsible Gambling Requirements**

#### **IMPORTANT INFORMATION**

#### **Self-Exclusion Program (SEP)**

A venue operator must have a SEP approved as part of the licence application, whether or not this application includes an approved gaming venue. The VGCCC may not approve a new licence application without a SEP and your application will not be finalised until a SEP is lodged and approved by the VGCCC.

Adoption of an approved SEP is seen as having distinct advantages for gambling patrons in that it provides a consistent and "one-stop-shop" approach to helping people with gambling problems or those who are at risk of developing gambling problems. Applicants are encouraged to join an approved SEP developed by a peak body for their industry. If it wishes to develop its own SEP, a venue operator must refer to the Ministerial Directions which set out the matters which must be contained in a SEP and the criteria and benchmarks applied by the VGCCC in assessing a SEP. The Ministerial Directions, the VGCCC criteria and benchmarks and a list of approved SEPs are available at the VGCCC website under 'Responsible Gambling'.

- **33.** In regard to the SEP, one of the following documents must be attached to this application:
- A statement confirming that an approved SEP has been adopted (refer to Attachment 5); or
- Where the applicant has amended a SEP, a copy of that amended SEP; or
- Where the applicant has developed its own SEP, a copy of that SEP.

Is one of the above documents attached?

YES

NO

#### **IMPORTANT INFORMATION**

#### Responsible Gambling Code of Conduct (Code)

A venue operator must have a Code approved as part of the licence application, whether or not this application includes an approved gaming venue. The VGCCC may not approve a new licence application without an approved Code and your application will not be finalised until a Code is lodged and approved by the VGCCC. Applicants may adopt an approved Code, a list of which is available at the VGCCC website under 'Responsible Gambling'.

If it wishes to develop its own Code, a venue operator must refer to the Ministerial Directions which set out the matters which must be contained in a Code and the criteria and benchmarks applied by the VGCCC in assessing a Code. The Ministerial Directions and the VGCCC criteria and benchmarks are available at the VGCCC website under 'Responsible Gambling'.

- **34.** In regard to the Code, one of the following documents must be attached to this application:
- A statement confirming that an approved Code developed by an industry peak body has been adopted (refer to Attachment 6); or
- Where the applicant has amended an approved Code, a copy of that amended approved Code; or

 Where the applicant has developed its own Code, a copy of that Code.

Is one of the above documents attached?

YES



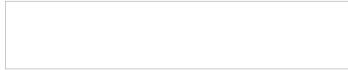
#### **Declaration by Authorised Officer**

I declare that I have read and understood the questions in this application form and the directions for answering them and I have answered the questions truthfully and completely to the best of my knowledge.

Signature of authorised officer:

Date (dd/mm/yyyy):

Signature of witness\*:



Print name of witness:

\* Any adult can be a witness.

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001 contact@vgccc.vic.gov.au
1300 599 759
vgccc.vic.gov.au





VOLCIA 20230404 15 of 32

This page intentionally left blank.

#### Fee payment

#### **IMPORTANT INFORMATION**

Applications must be accompanied by the relevant fee. Please note that once an application has been registered, the application fee is non-refundable. To confirm the current fee, refer to the 'Gambling fees' fact sheet on our website. The application fee can be paid by:

- cheque or money order, made payable to the Victorian Gambling and Casino Control Commission; or
- credit card (Visa or MasterCard)

If you wish to make payment by credit card, please lodge your completed application with the VGCCC and we will contact you directly to arrange payment if your application is accepted

**Privacy** – the VGCCC is committed to responsible and fair handling of personal information consistent with the *Policy and Data Protection Act 2014* and its obligations under the *Gambling Regulation Act 2003*. Credit card details will be destroyed once your payment has been processed.



This page intentionally left blank.

## Financial information release form

Gambling Regulation Act 2003

n the matter of this application for	a venue operator's licence and for	r the purposes of ongoing monitoring by:	

Name:		of
	(Full name of applicant)	
Address:	(Full address of applicant)	('applicant')
l,	(Full name of Authorised Officer signing the application on behalf of the applicant)	

being the duly authorised officer of the applicant hereby authorise all persons who receive a photocopy of this *financial information* release form from the Victorian Gambling and Casino Control Commission (VGCCC) to undertake the *authorised actions* for the *authorised purposes* as set out below:

#### **Authorised actions**

- 1. To allow the VGCCC to inspect and obtain a copy of any document, record or correspondence in the possession or under the control of the person, which contains information pertaining to the applicant (or to the applicant and another person and to any subsidiary, related body corporate, trust or partnership to which the applicant was a party), including but not limited to:
- any loan information;
- any information relating to an account held with a financial institution (passbook, statement or other), including information relating to withdrawals, deposits, transfers and balances;
- · any information (including trust account information) of any solicitor, accountant, real estate agent or other fiduciary.
- 2. To answer written or verbal queries of, and to provide information (by any means) to the VGCCC to undertake the authorised actions, about the financial resources of the applicant.

#### Release

In consideration of a bank, other financial institution, solicitor, accountant, financial adviser or any other person or organisation who has lent money to or borrowed from the applicant providing any of those particulars recorded against the applicant as detailed above under the heading "Authorised actions", **I hereby release** the VGCCC to the full extent of the law and against any claim or demands of any kind and any actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the use or misuse of the information obtained out of this authorisation.

#### **Authorised purposes**

To enable the VGCCC to be satisfied that the applicant and each of its associates is of sound and stable financial background and that, in conducting on-going monitoring, those financial resources continue to be desirable and satisfactory. This authorisation commences on the date below and continues until the later of:-

- · the VGCCC considers that the applicant is no longer a venue operator; or
- · the expiry of any venue operator's licence (if granted).

X	Date
Signature of authorised officer	

#### **Notes**

- 1. A photocopy of this form will be considered as effective and as valid as the original.
- 2. A reference in this *financial information release form* to the VGCCC includes a reference to a member of its staff and any other person appointed in writing by the VGCCC.





VOLCIA 20230404 19 of 32

## Consent for release of information by law enforcement agencies

Gambling Regulation Act 2003

In the matter of this application for a venue operator's licence and for the purposes of ongoing monitoring by:	
Name:	of

(Full name of applicant)

Address: ('applicant')

(Full address of applicant)

#### Consent

The applicant hereby consents to all probity investigations carried out by the Victorian Gambling and Casino Control Commission (VGCCC) and its staff, including but not limited to:

(a) inspection of criminal, intelligence or other records kept or maintained by:

- the Victoria Police;
- any crime investigation agency;
- any gambling regulatory body;
- any Court;

- any State, Territory, federal or overseas police force;
- any corporate regulatory agency;
- any casino regulatory body;
- · any government agency.

(collectively referred to as 'law enforcement agencies')

(b) release of particulars of any convictions, findings of guilt or other information recorded against the applicant by the law enforcement agencies including, without limitation:

- details of all prosecutions, including acquittals and matters withdrawn or dismissed and all findings of guilt, whether or not a conviction was recorded;
- matters or charges still outstanding;
- · law enforcement agencies intelligence howsoever obtained;
- any other matters recorded as arising either in Victoria or elsewhere by any law enforcement agency and considered relevant by the VGCCC to the investigation or assessment of my application for a venue operator's licence under the *Gambling Regulation Act 2003*.

#### Release

Upon signing this consent, the applicant hereby releases the VGCCC, each law enforcement agency and their servants, agents or contractors to the full extent of the law and against any claim or demands of any kind and any actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the use or misuse of the information obtained out of this consent, including particulars of any conviction, findings of guilt or other adverse material purporting to relate to the applicant.

#### **Acknowledgement**

I acknowledge having read and understood the terms of the consent and the release and have noted that independent legal advice may be sought before signing this consent. This authorisation commences on the date below and continues until the later of:-

- · the VGCCC considers that applicant no longer holds a venue operator's licence; or
- · the expiry of any venue operator's licence (if granted).

A photocopy of this form will be considered as effective and as valid as the original.

#### **Execution as a Deed**

Χ	Date:	X	Date
Signature of authorised officer		Signature of witness	

Printed name of witness (any adult can be a witness)

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





VOLCIA 20230404 20 of 32

## Attachment 1 – Historical organisational extract

#### **Background**

A historical organisational extract identifies the type, status, registered address, roles within the organisation, share structure, members and charges and documents lodged (current and historical) of organisations registered with the Australian Securities and Investments Commission (ASIC).

When making a search application to ASIC, ensure that you specify that you require a historical organisational extract and **not** a current organisational extract. A historical organisational extract identifies both **current and historical** information about the applicant, while the current extract identifies only current information. If this application form is lodged with an extract other than an historical organisational extract it will be considered incomplete.

In addition, the historical organisational extract **must** have been issued within three months of the date of lodgement of this form. If you fail to meet any of these requirements (i.e. you do not provide a historical organisational extract or you enclose either a photocopied extract or an extract issued more than three months prior to the date of lodgement of this form) the application form will be considered incomplete.

All matters detailed in the applicant's historical organisational extract are taken into consideration by the Victorian Gambling and Casino Control Commission. Should you wish to dispute or amend any of the information disclosed in the applicant's historical organisational extract you should do so with ASIC prior to lodging your application.

#### Fee for searching ASIC databases

Fees are payable for searching ASIC databases. ASIC fees for on-line/telephone searches through brokers may differ from the fees charged at an ASIC business centre. Information brokers, however, may charge a service delivery fee in addition to the ASIC fee. The delivery fee may vary between brokers. ASIC does not regulate the amount of broker delivery fees.

ASIC can advise you of the cost of obtaining a historical organisational extract.

#### How to apply for your historical organisational extract

A historical organisational extract can be obtained from ASIC. You may also contact ASIC's Infoline or refer to the ASIC website to obtain details of regional ASIC business centres and ASIC representatives, or information brokers.

#### **Contact details**

Website: asic.gov.au

Email: <u>info.enquiries@asic.gov.au</u> ASIC's Infoline: 1300 300 630





VOLCIA 20230404

### Attachment 2 – Accountant or Auditor's statement

Gambling Regulation Act 2003

#### Background

In the matter of this application, and for the purposes of ongoing monitoring, Section 3.4.11(2)(ab) of the Gambling Regulation Act

of 'sound and stable fin		applicant for a venue operator 3 licence of renewal or such licence
		icing Accountant or Associate Chartered Accountant. This statement assess an application made under the Act.
Name of applicant:		
Name of accountant or	r auditor:	
Accountant or auditor's	s address:	
Qualification:	Certified Practicing Accountant	Chartered Accountant
		ancial affairs of the above applicant. I am satisfied that at the time of en and as they become due and payable.
Please specify below, make.	or attach to this statement, any qualificat	ions or explanations relating to the above statement that you wish to

X	Date
Signature of accountant	

(Printed name of signatory)





## Attachment 2(a) – Summary of financial information

Gambling Regulation Act 2003

#### **Background**

In lieu of providing an accountant or auditor's statement, the applicant can complete this section with the required summary of its financial information for the three most recent completed financial years. The applicant is advised to consult with its accountant or auditor to ensure that a true and correct summary of financial information is provided.

The VGCCC may subsequently request audited financial statements be submitted in the event that this summary is found to be incomplete, incorrect or misleading. The applicant must also ensure the solvency declaration at the end of this section is signed by each Director of the applicant. The solvency declaration requires each Director to declare that they have a reasonable belief that the company will be able to pay its debts as and when they become due and payable.

This solvency declaration will assist the Commission to consider whether the applicant is of sound and stable financial background for the purposes of the *Gambling Regulation Act 2003*.

Year ended		
Profit & Loss Statement		
Total Sales/Revenue		
Less: Cost of Sales		
Gross Operating Profit		
Other Income (please specify)		
Total Income		
Less: Operating Expenditure		
Net Profit/(Loss) before taxation		
Less: Taxation Payable		
Net Profit/(Loss) after taxation		
Profit & Loss Appropriation		
Net Profit/(Loss) after taxation		
Retained Profits/(Losses) b/fwd		
Distribution to Beneficiaries		
Dividends declared/paid		
Others (please specify)		
		,
Retained Profits/(Losses) c/fwd		

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001 contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





VOLCIA 20230404 23 of 32

#### Year ended

Tour chaca		
Current Assets	1	
Cash & deposits		
Trade debitors		
Other debitors		
Inventories		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Others (please specifiy)		
Total current assets a		
Non-current assets		
Property, plant & equipment		
Intangible assets		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Others (please specify)		
Total non-current assets b		
Total assets (a+b) c		
Current liabilities		
Bank overdraft & loans (secured)		
Trade creditors		
Sundry creditors		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Tax/GST liabilities		
Others (please specify)		
	-	
Total current liabilities d		

Victorian Gambling and Casino Control Commission ABN 56 832 742 797 Level 4, 12 Shelley Street Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001

contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au





#### Year ended

#### Non-current liabilities

Bank overdraft & loans (secured)		
Amounts owing by related parties/entities		
Amounts owing by shareholders/unit-holders		
Provisions		
Others (please specify)		
Total non- current liabilities e		
Total liabilities f		
Net assets (c-f) g		
Equity		
Issued capital/settlement sum		
Reserves		
Retained profits/(losses)		
Others (please specify)		
	'	,
Total equity h		

Net assets (g) must be equal to total equity (h)





#### **Authorised officer declaration**

I, the authorised officer of the applicant declare and confirm that the attached audited financial statements or the summary of financial information provided are true and correct on the understanding that the applicant and myself are liable to prosecution for providing false and misleading information.

ı	Nlama	of o	utho	riaad	officer
	ıvame	or a	lutno	risea	onicer

X	Date
Signature of authorised officer	

#### **Directors declaration**

The persons listed below declare that we are the Directors of the applicant and that we have enquired into the financial affairs of the applicant. We declare that we are satisfied that at the time of making this application, the applicant is able to pay its debts as and when they become due and payable.

Name of Director:	X Signature of Director	Date:
Name of Director:	XSignature of Director	Date:
	orginatale of Elicotes	
Name of Director:	X	Date:
	Signature of Director	
Name of Director:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Number of Birector.	XSignature of Director	Date:
Name of Director:	X	Date:
	Signature of Director	





### Attachment 3 – Financial institution letter

The	Manager,
1116	ivialiayel,

(Name/Address of Bank)

Dear Sir/Madam

(applicant's name)

has applied to the Victorian Gambling and Casino Control Commission (the VGCCC) for a venue operator's licence.

As part of the application process, the VGCCC is performing a review of this company/incorporated association\*. In connection with this review, we request that you provide the following details:

- the amounts outstanding and available under all facilities made available to the company/incorporated association\*;
- the next review date and expiry date for each existing facility;
- · the security held over each facility outlined above;
- · whether any of the original facilities are in default of any payments of principal or interest;
- the nature of any current or previous discussions between yourselves and the corporation which may materially impact upon the continuing availability of credit to the corporation or have previously resulted in alterations to the original funding facility; and
- confirm that the bank supports the application.

The completion of this review is an integral part of the processing of the application for registration as a venue operator, and accordingly, I would appreciate your reply at the earliest convenience.

Please forward your reply on this matter directly to the undersigned at the address listed below.

Yours Sincerely,

X	Date:
Signature	
Name:	
Position:	
Address:	
* Delete where inapplicable	

**vaccc** 



## Attachment 4 - Business credit file

#### **Background**

As part of this application form, the applicant must apply for a business credit file (credit file) which will identify any matters entered against the applicant by any financial provider. A business credit file can be obtained from either Equifax or illion.

The credit file must be forwarded to the VGCCC with this application form. The credit file must be no older than three (3) months at lodgement of the application. If the applicant fails to meet any of these requirements or does not attach a credit file, the application form will be considered incomplete.

**All** matters detailed in the credit file are taken into consideration by the VGCCC and are essential to allow an assessment of the applicant's financial resources. If the applicant wishes to dispute any of the information disclosed in the credit file, the provider of the credit file must be contacted prior to the application form being lodged.

#### How to apply for a business credit file

#### illion

To obtain your Credit Report from illion please visit <u>express.illion.com.au</u> or alternatively, you may contact illion on 13 23 33 to arrange for its provision. Additional information may also be found at <u>illion.com.au</u>.

#### Equifax

To obtain your Credit Report from Equifax, please visit <u>mycreditfile.com.au</u> or alternatively, you may contact Equifax on 13 83 32 to arrange for its provision. Additional information may also be found at <u>mycreditfile.com.au</u>.



## Attachment 5 – Statement of adoption of an approved Self-Exclusion Program

#### **Statement for completion by Authorised Officer**

Note: This statement must be completed only if the applicant company/incorporated association has adopted a generic Se	elf-
Exclusion Program (SEP) approved by the Victorian Gambling and Casino Control Commission.	

Applicant name:

Name of SEP administrator:

VGCCC SEP number\*:

Date SEP adopted by applicant (day/month/year):

**Note:** A copy of the minutes of the board/committee meeting which confirms adoption of an approved SEP **must** be attached. Is a copy of the minutes attached?

YES

X \_\_\_\_\_ Date:

X \_\_\_\_\_ Date:

Printed name of authorised officer

Printed name of witness (any adult can be a witness)

\* The VGCCC SEP number can be found with the SEP on the VGCCC website.





## Attachment 6 – Statement of adoption of an approved generic Responsible Gambling Code of Conduct

#### Statement for completion by Authorised Officer

Note	: This sta	atement n	nust be d	completed	only if	the applica	ant com	pany/ind	corporated	associati	on has	adopted a	an approved	d generic
Resp	onsible (	Gamblina	Code of	Conduct	(Code)	approved	bv the V	ictorian	Gambling	and Casii	no Con	trol Comn	nission.	

Name of Approved Generic Code:

VGCCC code number\*:

Date Code adopted by applicant (day/month/year):

**Note:** A copy of the minutes of the board/committee meeting which confirms adoption of an approved generic Code must be attached.

Is a copy of the minutes attached?



X \_\_\_\_\_ Date:

X \_\_\_\_\_Signature of witness

Date:

Printed name of authorised officer

Printed name of witness (any adult can be a witness)

\* The VGCCC code number can be found with the Code on the VGCCC website.



## **Attachment page**

#### NOTE:

This attachment page is provided for additional information that requires more space than that provided in the original question. Precede your entry with the question number and title to which the additional information relates.

Please copy if additional attachment pages are required.

Have you used an additional attachment page to provide any further information?











31 of 32

## Attachment page

#### NOTE:

This attachment page is provided for additional information that requires more space than that provided in the original question. Precede your entry with the question number and title to which the additional information relates.

Please copy if additional attachment pages are required.

Have you used an additional attachment page to provide any further information?









