Bookmaker registration – partnership

This package contains the application and information material for approval as a member of a bookmaker partnership.

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 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 3121

or via email to:

contact@vgccc.vic.gov.au

Need help?

For more information on how to apply for a liquor or 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>

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



Important Information Bookmaker registration – partnership

Directions for Completion of this form

Before commencing this form please read the following instructions carefully:

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.

Prior to lodging this application, please ensure that you have attached all required items.

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

• Note: There is currently no fee payable for this application.

Who can apply?

Each proposed member of the partnership must be currently registered as a bookmaker to apply for approval as a bookmaking partnership.

Nomination of an authorised officer to complete the application form

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. Where the partnership is between corporate bookmakers, the authorised officer will be the chairman of the board of directors, managing director, chief executive officer or a company secretary of one of the corporations.

Approval Conditions

Approval of a bookmaking partnership may be subject to any conditions imposed by the VGCCC.

Term of Approval

Approval of a bookmaker partnership does not need to be renewed. Approval can only cease through revocation, surrender or when a certificate of registration issued under the *Gambling Regulation Act 2003* to any registered bookmaker who is a member of the partnership ceasing to have effect.

Club Bookmaker's Licence

The legislation intends that bookmaking partnerships may be subject to regulation under the club bookmaker's licensing regime. Partnerships should contact the relevant code(s) of racing to determine whether any additional approval is required.

False or Misleading Information

It is an offence under the *Gambling Regulation Act 2003* 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 vgccc.vic.gov.au to confirm the current value of a penalty unit).

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 vgccc.vic.gov.au).

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Strictly Confidential Bookmaker registration – Partnership

		Full name:			
Partnership Detail	S				
1. Bookmaking partnersh	ip trading name:				
		Company	Individual (tick appropriate box)		
		% of Ownership- Voting:			
 Details of authorised o 	fficer on behalf of the partnership:	, o o o o o o o o o			
First name:					
			n provided on an attachment page?		
Middle name/s:		YES	NO		
Surname:		4. Does the partnership trading name/s?	4. Does the partnership intend to operate under any business/ trading name/s?		
		▶ YES ▶	NO		
		If NO, proceed to Q5.			
Position held:		If YES , provide details be	If YES , provide details below.		
		Business Name/s:	Business Name/s:		
(eg partn	er/company director etc)				
Daytime phone number:	Mobile phone number:	Partnership's Australian	Partnership's Australian Business Number (ABN):		
Email address:					
 List below details of the natural persons or corporations that constitute the partnership: 		t for each business name Record of Registration ca gov.au or through Busine	Note: A copy of the Record of Registration for Business Name for each business name listed at Q4 must be attached. (The Record of Registration can be requested through ASIC at <u>asic</u> . <u>gov.au</u> or through Business Registration Service at <u>business.gov</u> . <u>au</u>)		
Full name:		· · · · · · · · · · · · · · · · · · ·	Is a copy of the Record of Registration for each business name attached?		
		▶ YES	NO		
0		Have further details beer	n provided on an attachment page?		
Company	Individual (tick appropriate box)	YES NO			
% of Ownership- Voting:	Income		 Provide the following details concerning the proposed partnership's scale of operations: 		
Full name:		(i) Estimated gross turno	ver for the next financial year:		
		\$			
		(ii) Intended race meetin	as.		
			ys.		
Company	Individual (tick appropriate box)				
% of Ownership- Voting:	Income				
Full name:		(iii) Bet types:			
		(inj ber types.			
Company	Individual (tick appropriate box)				
% of Ownership- Voting:	Income				
Victorian Gambling and Casino Control Commiss ABN 56 832 742 797	Level 4, 12 Shelley Street ion Richmond VIC 3121 GPO Box 1988 Melbourne VIC 3001	contact@vgccc.vic.gov.au 1300 599 759 vgccc.vic.gov.au	VICTORIA State Government		

(v) Workload rosters:

(vi) Has a business plan been developed? (Note: If YES, a copy must be enclosed)

YES NO

Have further details been provided on an attachment page?

YES NO

6. The application must be accompanied by a copy of a current signed and executed deed of partnership.

Is a copy of a current signed and executed deed of partnership enclosed?

YES

7. The application must be accompanied by written confirmation from the Victorian Bookmakers' Association Ltd of the default guarantee status of the proposed members of the partnership or of other suitable alternative arrangements.

Is written confirmation from the Victorian Bookmakers' Association Ltd of the default guarantee status of the proposed members of the partnership or of other suitable alternative arrangements enclosed?

> 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:

X _____ Date:

Signature of witness*:

X					
Signature of witness					

Print name of witness:

* Any adult can be a witness.

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Attachment Page

NOTE:

Please copy if additional attachment pages are required and number each page.

Have you used an additional attachment page to provide any further information? YES NO							
Victorian Gambling and Casino Control Commission	Level 4, 12 Shelley Street Richmond VIC 3121	contact@vgccc.vic.gov.au	V				
ABN 56 832 742 797	GPO Box 1988	1300 599 759	V				
	Melbourne VIC 3001	vgccc.vic.gov.au					
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