Gambling application kit

Bookmaker registration - partnership

WAB01122	24
How to apply	
Submit application via email to <u>contact@vgccc.vic.gov.au.</u>	
Privacy Policy Statement - The VGCCC is committed to responsible and fair handling of personal information consistent with the <i>Privacy and Data Protection Act 2014</i> and its obligations under the <i>Gambling Regulation Act 2003</i> . Confidentiality Provisions - Information provided in your application must not be disclosed by the VGCCC or its staff to someone else, except for the purposes provided for under Division 6 of Part 10 of the Act. You may access these provisions at vgccc.vic.gov.au	
The following documentation, must be submitted with this application:	
A completed application form	
An executed Deed of Partnership	
National Police Certificate for each partner	
Credit Report for each partner	
Historical Personal Name extract from ASIC for each partner	
Record of Registration for Business Name (if applicable)	
Schedules A to L for each partner	
Obtain and attach the Victorian Bookmakers Association Bond guarantee	
A copy of the business plan including financial projections for the first 3 years and governance and compliance framework, experience in managing a business, accepted methods of accepting gambling payments and proportions (cash etc), where and how the business is to operate.	3
Consent for release of information by Law Enforcement Agencies form for each partner	
Financial Information Release form for each partner	





Strictly Confidential

Bookmaker registration – partnership

WAB011224

Partnership Details	% of Ownership- Voting: Income:				
1) Bookmaking partnership trading name:					
	Full name:				
Online business name:					
2) a. Will your operations be:					
On course Online Both	Company Individual (tick appropriate box)				
on esonse summe soun	Existing registration number:				
b. If any partner holds a BKE, please list partner name and					
BKE licence number.	% of Ownership- Voting: Income:				
	7601 OWNERSHIP VOLING. Income.				
3) Details of authorised officer on behalf of the partnership:					
First Name:	Full name:				
Middle Name(s):					
Surname:	Company Individual (tick appropriate box)				
	Existing registration number:				
Position held (eg partner/company director etc):					
	% of Ownership- Voting: Income:				
Contact number:					
	Have further details been provided on an attachment page?				
Email address:	YES NO				
4) List below details of the natural persons or corporations	5) Does the partnership intend to operate under any business/trading name/s?				
that constitute the partnership:					
Full name:	YES NO				
	If NO , proceed to Q6. If YES , provide details below:				
Company Individual (tick appropriate box)	ii No, proceed to Qo. ii 123, provide details below.				
Existing registration number:	Business Name/s:				
% of Ownership- Voting: Income:	Partnership's Australian Business Number (ABN):				
	The state of the s				
Full name:					
Note: A copy of the Record of Registration for Business Name for each business name listed at Q5 must be attached. (The					
	Record of Registration can be requested through ASIC at asic.				
Company Individual (tick appropriate box)	gov.au or through Business Registration Service at <u>business.</u> gov. au)				

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Is a copy of the Record of Registration for each business name attached? YES NO Have further details been provided on an attachment page? YES NO 6) Provide the following details concerning the proposed	 vi. Attached is a copy of the business plan including the following content – financial projections for the first 3 years, a governance and compliance framework, experience in managing a business, accepted methods of accepting gambling payments and proportions (cash etc), where and how the business is to operate. YES 7) The application must be accompanied by a copy of a
partnership's scale of operations: i. Estimated gross turnover for the next financial year: \$	current signed and executed deed of partnership. Is a copy of a current signed and executed deed of partnership enclosed?
ii. Intended race meetings:	8) 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
iii. Bet types:	alternative arrangements attached? YES 9) Does any partner have any other associations within the gambling industry? In any jurisdiction and in any capacity.
Will you be using any other Bookmaker Key Employees?	YES NO
YES NO If YES , please provide details of full name and licence number.	If YES , please provide:
TYES, please provide details of full name and licence number.	Type of association:
	Entity associated with:
	State or country of operations:
iv. Telephone usage:	10) Does any partner have any business or personal relationships with known criminals?
	YES NO If YES , please provide details of full name and licence number.
v. Workload rosters:	

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11) Please provide full regulatory, breach and compliance history with national or international gambling regulators other than the VGCCC over the last five years.	14) Has any partner, personally, or any entity that they have been an officer of, ever been the subject of disciplinary action, enforcement action or had an application for any licence or permit refused? Have they personally ever been disqualified from involvement in the management of an entity?			
	YES Number of occurrences:			
	NO			
12) Has an application on behalf of the partnership been lodged for any racing or gambling industry licence, concession, approval, authorisation or registration in any jurisdiction?	If NO , proceed to Q15. If YES , provide details below: Partner name:			
YES NO	Type of licence, approval etc:			
If YES , please provide details including outcome:	Licence No. (if known):			
	Name of Racing/Gambling Regulator (if known):			
Other Regulatory History	Name shown on licence, approval etc:			
13) Has any partner, personally, or any entity that they have been an officer of, ever been investigated by a regulatory body or law enforcement agency (e.g. ASIC, RIA, APRA, ACCC)? YES NO	Type of action taken and reason:			
If NO , proceed to Q14. If YES , provide the following details:				
Partner name:				
Name of regulatory body or law enforcement agency:	Date of disqualification (dd/mm/yyyy):			
Nature of investigation:	Jurisdiction*:			
Name shown on licence, approval etc:	Reason for disqualification/proceedings:			
Result:				
Have further details been provided on an attachment page?				
YES NO				
* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality	Have further details been provided on an attachment page? YES NO			
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entity a partner is associated with?				
If YES , please provide details:				

Charges, Findings of Guilt and Convictions

IMPORTANT INFORMATION

If you currently live in Australia or if you have lived in Australia during the last 10 years this form **must** be accompanied by your **original** National Police Certificate (NPC) from the Victoria Police (refer to instructions at Attachment 2). The NPC you provide **cannot** be a copy and must be obtained not more than 3 months before this form is lodged.

You **must** advise details at Q28 of any offence not included in your NPC, including participation in a Diversion Program, spent convictions, findings of guilt, suspended sentences, matters where a good behaviour bond is given and/or matters where no conviction is recorded, other court orders and provide details of all outstanding charges. Failure to disclose such matters may affect your application. However, Children's Court matters more than 10 years old and non-custodial traffic matters, which are those for which a penalty other than a jail sentence or community based order was given, are **not** matters which you are required to disclose at Q28. You **must** ensure that all names noted in Q3(a)-(c) are advised to the Victoria Police when applying for your NPC. If all such names are not shown in your NPC, your application will **not** be accepted.

In addition, if you currently live outside Australia or you have lived outside Australia during the last 10 years you are requested to seek an equivalent report from the relevant Police Agency in that jurisdiction*. An equivalent report, which must be an original document or a certified copy of the original document, would be expected to reveal details in relation to any convictions, findings of guilt (either with or without conviction) and any matters still outstanding against you.

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16) Have you only lived in Australia during the last 10 years?					
YES NO					
If YES to Q27, an NPC must be provided.					
If NO to Q27, you are requested to seek an equivalent report from the relevant Police Agency which is an original document or a certified copy of the original document. If an equivalent report is not enclosed, provide an explanation on an attachment page.					
Have further details been provided on an attachment page?					
YES NO					
17) a. Have you ever been charged with, or found guilty of, a criminal offence, or been investigated by a law enforcement agency for an alleged offence against you, that is not recorded on your attached Police documentation?					
YES NO					
b. Have you ever participated in a Diversion Program or any like proceedings?					
YES NO					
If NO to Q28(a) & (b), proceed to Q29. If YES to either Q28(a) or (b), provide details below in relation to each matter:					
Nature of Offence/Charge:					
Date (dd/mm/yyyy):					
Jurisdiction*:					
Result (if known):					
Have further details been provided on an attachment page?					
YES NO					
YES NO 18) Please provide full regulatory, breach and compliance					
18) Please provide full regulatory, breach and compliance history with the gambling regulators other than the VGCCC					
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 $^{^{\}star}$ "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality





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Victorian Gambling and Casino Control

Financial Particulars

IMPORTANT INFORMATION

You must obtain a Credit Report if:

- · you currently live in Australia; or
- you do not currently live in Australia but have lived in Australia at any time during the last 10 years; or
- you are or have been during the last ten years a director of officeholder of an Australian company.

If your circumstances do not meet the criteria noted above, a Credit Report is not required. Note: If you live or have lived outside Australia during the last 10 years you are requested to submit an equivalent report from the relevant agency in that jurisdiction*.

The Credit Report you obtain cannot be more than 3 months old when you lodge this application and you must ensure that all names noted in Q3(a) - (c) are advised when applying for your Credit Report. If any such names are not shown in your Credit Report, your application will not be accepted. Instructions on obtaining your Credit Report are provided on the website.

20) a. Other than disclosed on your Credit Report, has any partner, personally ever been subject to bankruptcy or any insolvency arrangements?					
YES Number of occurrences: NO					
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):					
Name of Trustee:					
Address					
Address:					
Telephone number:					

YES NO					
If YES , provide details of circumstances leading to these proceedings on an attachment page.					
Have further details been provided on an attachment page? YES NO					
21) Has any partner ever been an officer of an entity that has 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?					
YES Number of occurrences: NO					
If NO , proceed to Q22. If YES , complete the following for each matter and provide details of circumstances leading to proceedings on an attachment page:					
Company Name:					
Type of proceedings:					
Commencement Date (dd/mm/yyyy):					
Details of trustee, administrator, liquidator, receiver/ manager, regulatory body or law enforcement agency:					
Name:					
Phone number:					
Have further details been provided on an attachment page?					
YES NO					
* "Jurisdiction" means the State or Territory and, if outside Australia, the country and locality					
22) Other than disclosed on your Credit Report, is any partner the personal guarantor for someone else's debt or loan?					
YES NO					

b. Are bankruptcy or any like proceedings pending, in any

jurisdiction*?

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If NO , proceed to Q23. If YES , is any person, including any	
corporation, in respect of whom any partner have given a	
· · · · · · · · · · · · · · · · · · ·	
guarantee in default of any agreements with respect to	Total amount owing: Total amount in default:
payment of a debt or loan?	Total amount owing: Total amount in default:
	\$ \$
YES Number of occurrences:	
	Number of days payment is overdue:
NO	Tromber of days payment is over acc.
If VEC and a side of the side	
If YES , provide details on an attachment page.	Have further details been provided on an attachment page?
Have further details been provided on an attachment page?	
NEC NO	YES NO
YES NO	
23) Has each partner enclosed your Credit Report or an	
equivalent report from the relevant agency in your	
jurisdiction*?	
VEC NO	
YES NO	
If YES , proceed to Q24. If NO provide reasons why a Credit	
Report and/or an equivalent report from a relevant overseas	
jurisdiction has not been enclosed on an attachment page.	
Have further details been provided on an attachment page?	
YES NO	
* "Jurisdiction" means the State or Territory and, if outside Australia, the country	
and locality	
24) Is any partner 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 YES , complete the following: Financial Institution or	
creditor:	
Total amount owing: Total amount in default:	
\$ \$	
Number of days payment is overdue:	
Financial Institution or creditor:	
Total amount owing: Total amount in default:	
\$ \$	
\$\$	
Number of days payment is overdue:	

Financial Institution or creditor:

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Responsible Gambling

IMPORTANT INFORMATION

Responsible Gambling Code of Conduct (Code)

A person registered with the VGCCC as a bookmaker must have a Responsible Gambling Code of Conduct (Code) as part of the registration application. The VGCCC will not approve a registration without a compliant code and your application will not be finalised until a code is lodged.

A registered bookmaker code must comply with Ministerial Direction which sets out the matters which must be contained in a Code. The Ministerial Direction is available on the VGCCC website.

the VGCCC website.					
26) 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 (day/month/year):
Cinn about a facility and
Signature of witness*:
Date (day/month/year):
Print name of witness (*any adult can be a witness):
Relationship to person making declaration:
Telationship to person making accidiation.



SCHEDULE A - Cash at financial institutions

List below all accounts, foreign and domestic, maintained by you solely or in conjunction with another person(s).

Balance at current date			
Types of accounts			
Interest rate			
Date opened			
Account number			
Name and address of financial institution Name of person/s appearing on account Account number			
Name and address of financial institution			

SCHEDULE B - Accounts receivable

	Collateral			
(%) you hold.	Purpose			
ate the percentage	Interest rate Maturity date			
eld by you, indic	Interest rate			
ose not solely h	Payment/ period			
on(s). For th	% held			
another persc	Unpaid balance			
unction with a	Original amount			
u solely or in conj	Date incurred Original amount			
List below all accounts receivable held by you solely or in conjunction with another person(s). For those not solely held by you, indicate the percentage (%) you hold.	Name and address of debtor			

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SCHEDULE C - Shares, Fixed Interest Security (bonds)

List below the information requested for all shares and bonds held or controlled by you. Whenever interest exists through a trust/mutual fund or holding company, the shares held by such trust/mutual fund or holding company need not be listed. Indicate publicly traded shares and bonds by an asterisk.*

Market value			
Name in which held			
Purchase price			
Number of shares or units Purchase price Date of purchase			
Types			
Issuer			

SCHEDULE D- Business investment

entities that share a direct, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations. For those not List below the information requested regarding any business investment in which any direct, indirect, vested, or contingent interest is held by you, along with the names of all persons or solely held by you, indicate the percentage (%) you hold.

]
Market Value				
Persons or entities sharing interest and percentage ownership				
Name in which held				
Date of purchase				
Purchase price				
% held				
No. of shares* % held or units				
Type of entity				
Entity				*Shares include US stocks

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SCHEDULE E - Real Estate

List below the information requested regarding any real property in which any direct, vested, or contingent interest is held by you, along with the name of persons or entities who share direct, indirect, vested or contingent interest therein. For those not solely held by you, indicate the percentage (%) you hold.

	a			
	Market value			
	Mark			
	Income			
	드			
	vners			
	Other owners			
-				
	Date of purchase			
	% held			
	price/ nents a			
	Purchase price/ improvements at cost			
_	₫.⊑			
	Size			
	S			
	Туре			
-	<u></u>			
	cation			
	Address/location			
	Add			

SCHEDULE F - Other assets

List below the information requested for all other assets held by you, (i.e. automobiles, personal property, cash surrender value of life insurance policies, pension plans, etc.).

Type of asset	Purchase price	Purchase price Date of purchase Market value	Market value	Other information





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SCHEDULE G - Unsecured loans

List below the information requested for all unsecured loans payable for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

ral			
Collateral			
ırpose			
date Pu			
Maturity			
% of Payment/ Interest Maturity date Purpose obligation period			
yment/ riod			
ion pe			
% of obligat			
Unpaid balance			
Date incurred Original amount			
ncurred			
Date			
ditor			
ss of cre			
d addre			
Name and address of creditor			

SCHEDULE H - Secured loans

List below the information requested for all secured loans payable for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

Collateral			
Purpose			
Payment/ Interest Maturity date Purpose period			
Interest rate			
Payment/ period			
% of Payment obligation period			
Unpaid balance			
Original amount			
Date incurred Original amount			
Name and address of creditor			

Unsecured loans = US notes payable Secured loans = mortgages





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SCHEDULE I - Other liabilities

List below the information requested for any other indebtedness for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

		,	 	
Collateral				
Description of liability				
% of Payment/ Interest Maturity date Purpose obligation period				
Interest rate				
Payment/ period				
% of obligation				
Unpaid balance				
Original				
Date incurred Original amount				
Name and address of creditor				

SCHEDULE J - Contingent liabilities

List below the information requested for all contingent liabilities for which you are solely or partly obligated. If partly obligated, list percentage (%) of obligation.

Person liable in addition to you			
Collateral			
Purpose			
Payment/ Interest Maturity date Purpose period rate			
Interest rate			
Payment/ period			
% of Paymen obligation period			
Unpaid balance			
Original amount			
Date incurred			
Name and address of creditor			

Unsecured loans = US notes payable Secured loans = mortgages





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SCHEDULE K - Sources of income and other benefits

List below all sources of funds/financial benefits from any source (in excess of \$30,000 in any one year) for the past (3) financial years.

% of total value received by family members			
% of total value received by received by received by received by members			
Total value AUD\$			
Reason for provision/ purpose			
Details of source/Providers Reason for provision/ purpose			
Year(s) received			
Description of funds/financial benefits			

Schedule L – Directorships/Secretary roles

Entity Name	Kole	Business Description





Consent for release of information by law enforcement agencies

Gambling Regulation Act 2003

In the matter of this application for registration as a bookmaker and for the purposes of ongoing monitoring by:

Name (Full name of applicant):	
Address (Full address of applicant):	
	('Applicant')

Consent

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

- a) Inspection of criminal, intelligence or other records kept or maintained by:
 - · Australian Federal Police;
 - Any casino regulatory body in any jurisdiction;
 - Any corporate regulatory agency in any jurisdiction;
 - Any government agency
 - Any gaming regulatory body in any jurisdiction; (collectively referred to as **'law enforcement agencies**')
- Any crime investigation body in any jurisdiction; and
- · Any casino regulatory body;
- Any police force of any jurisdiction in any state. country
- · Any court
- Or administrative region.
- **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 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.

Acknowledgment

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 I am no longer a registered bookmaker; or
- the expiry of any registration as a bookmaker (if granted).

Execution as a deed

Signed:		Date:	
			(Day/Month/Year)
	Signature of authorised officer		
Witness:			
			Print name of witness (any adult can be a witness)
	Signature of witness		

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Financial information release form

Gambling Regulation Act 2003

	('Applicant')	
Address (Full address of applicant):		
Name (Full name of applicant):		
In the matter of this application for registration as a bookmaker and for the purposes of ongoing monitoring by:		

The applicant hereby authorises all **persons** who receive a photocopy of this **financial information release form** from the Victorian Gambling and Casino Control Commission (the VGCCC) and its staff 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 registered bookmaker; or
- the expiry of any registered bookmakers registration (if granted).

Signature of applicant:	Dated (dd/mm/yyyy)	

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.





Attachment page

Note: Please copy if additional attachment pages are required. Have you used an additional attachment page to provide any further information?

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Statement of Adoption of a Responsible Gambling Code of Conduct

Name of code:	
Please complete the following:	
Date code adopted by applicant (dd/mm/yyyy):	
Signature of applicant:	Date (dd/mm/yyyy):
	Printed name of applicant:

