

Class 4 Operator's Licence - Non-Key Person Amendments/Notifications

Gambling Act 2003
GC2A

Privacy Act 1993: The particulars in this form which relate to individuals are personal information under the Privacy Act. This information is required so that the Department of Internal Affairs can consider the society's application under the Gambling Act 2003. The information will be held by the Department of Internal Affairs and may also be disclosed to the Police and other agencies, subject to the Criminal Records (Clean Slate) Act 2004. Any person about whom information is collected has the right of access to, and correction of, that information.

Please complete this form, **enclose your fee of \$259.64 (GST incl.)** and all required documentation and return the application to the Department of Internal Affairs. You will receive a receipt once your application has been processed.

Keep a copy of your completed application for your records. If this application is incomplete it will be returned to you without being processed.

Please complete and submit sections A and B and only those sections of this form that relate to your proposed Amendments/Notifications.

Please also ensure that you complete and return the Certification on page 5 of this form.

PLEASE PRINT CLEARLY.

A. Amendments and Notifications

Please tick the proposed **amendment** and provide details of the proposed amendment in the spaces on pages 2 to 4.

You **MUST** apply for an **AMENDMENT** to your Class 4 Operator's Licence when your corporate society proposes to:

- change the authorised purpose to or for which net proceeds from the Class 4 gambling will be applied or distributed
- change its problem gambling policies
- change its method, system, or policy for the consideration of applications for the distribution of net proceeds from the Class 4 gambling
- accumulate funds
- make any other change that impacts on its ability to comply with the Act or the licence.

Please tick the circumstances to which this **notification** relates and provide details in the spaces provided on page 4

You **MUST NOTIFY** the Department and provide details before, or as soon as practicable after:

- a change is proposed to the corporate society's governing document that may affect its ability to comply with the Act or the licence.

Note: If your application relates to Key Person Amendments/Notifications, you should complete form GC2.

B. Society Details

Name of society _____

Corporation number _____
as per your certificate of incorporation

Physical address _____

Postal address _____
if different from above

Suburb _____ Town/city _____

Contact person's last name _____ All first names _____

Role in society _____

Daytime phone () _____ Evening phone () _____

Fax () _____ Mobile () _____

Email _____ Web address _____

Preferred contact method *please tick*

<input type="checkbox"/>	Daytime phone	<input type="checkbox"/>	Evening phone	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Email
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C. Amend Authorised Purposes

An authorised purpose (for Class 4 gambling) is:

- A charitable purpose
- A non-commercial purpose that is beneficial to the whole or a section of the community
- Promoting, controlling, and conducting race meetings under the Racing Act 2003, including the payment of stakes.

For example, grants made to nationally affiliated amateur sports teams, welfare assistance for people in need, amateur theatre or cultural groups, or grants for public education purposes are "authorised purposes".

Please be specific as to how your society will apply or distribute net proceeds.

C. Amend Authorised Purposes



If your corporate society proposes to amend any of the current authorised purposes stated on its Class 4 Operator's Licence, please attach your amended authorised purposes with **all proposed changes highlighted**.

D. Amend Policy for Minimising the Risks of Problem Gambling

A corporate society must have a policy for how it will minimise the risks of problem gambling and must also have a policy for the identification of problem gamblers.

D. Amend Policy for Minimising the Risks of Problem Gambling



If your corporate society proposes to amend its harm minimisation and problem gambling policies, please attach a complete copy of the amended document with **all proposed changes highlighted**.

E. Amend Method, System and Policy for Consideration of Applications for the Distribution of Net Proceeds

If the corporate society operates mainly to distribute net proceeds from the Class 4 gambling to the community, please state what criteria are used to assess applications and what your processes are for completing them.

E. Amend Method, System and Policy for Consideration of Applications for the Distribution of Net Proceeds



If your corporate society proposes to amend its method, system and policy for consideration of applications for the distribution of net proceeds, please attach a complete copy of the amended document with **all proposed changes highlighted**.

F. Accumulation of Funds

A corporate society that does not mainly distribute proceeds from Class 4 gambling to the community may apply for approval to accumulate funds for a specific project.

F. Accumulation of Funds

Please answer the following questions concerning your proposed accumulation.

What is the proposed project? Please be specific.

How much will the project cost? \$ A

How many years will it take to accumulate the necessary funds to complete the project? B

What percentage of your annual gaming net proceeds do you anticipate accumulating for the project? % C

Annual gaming net proceeds from most recent financial year \$ D

Total estimated amount will be accumulated from the gaming operation \$ E=DxC%xB

Is total estimated amount accumulated from gaming operation more or equal the project cost?
If yes, go to page 5. YES NO

Will the project be funded from any other income source?
If yes, please provide details. YES NO

Income source	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/> F

Estimated amount accumulated from the gaming operation plus other income sources \$ G=E+F

Could society afford the project cost based on above calculation?
If no, please provide an explanation. YES NO G=A ?

CERTIFICATION BY TWO TRUSTEES OR OFFICERS OF THE CORPORATE SOCIETY

I certify that all the details entered in this application are true and correct.

Trustee or officer
last name _____ All first names _____

Position in society _____

Signature _____ Date / / _____

I certify that all the details entered in this application are true and correct.

Trustee or officer
last name _____ All first names _____

Position in society _____

Signature _____ Date / / _____



Checklist - please tick

Please ensure that you have included the following with your application (where applicable):

- Your application fee
- Amended Authorised Purposes Statement (if applicable)
- Amended Harm Minimisation and Problem Gambling policies (if applicable)
- Amended Distribution of Net Proceeds document (if applicable)
- Amended Governing document (if applicable)

You may be required to provide further information to assist the Department in assessing your application.

If your application is incomplete or missing supporting documentation, it will be returned to you without being processed. Please also check the accuracy of the application and supporting documentation as inaccuracies/inconsistencies will cause significant delays.



Please go to page 7 and complete your return address details on the Receipt of application slip.

Return Address

Please return your completed application form to: **Licensing Unit
Gambling Compliance Group
Department of Internal Affairs
PO Box 10-095
Wellington 6143**

To find out more about gaming machine licensing, visit our website www.dia.govt.nz or call us toll free on 0800 257 887.

Receipt of application

The Department of Internal Affairs' Licensing Unit received your application on

It will be processed as soon as possible.

Please complete your return address details. *(Please include your post code)*

Attention _____

Society _____

Postal Address _____

Suburb _____

Town/City _____

Date Stamp

This receipt does NOT indicate approval of the application