

ADMINISTRATION OF GAMBLING ON TRACKS LIMITED

**APPLICATION FOR ANNUAL REGISTRATION AS A LICENCED OPERATOR
1ST OCTOBER 2009 – 30TH SEPTEMBER 2010**

**APPLICATION FOR IDENTIFICATION CARD(S)
1ST OCTOBER 2009 – 31ST AUGUST 2012**

Note: All questions must be answered. If a question is not relevant please state 'not applicable'. All answers must be typed or written clearly in ink. All signatures must be original.

1. **Trading Name** (shown on front page of the operating licence)

2. **Operating Licence No.** (if you have not already forwarded a copy of your latest updated licence to the office, please attach pages 1,2, Schedules X and Y to this form.)

3. **Registered Address** (on page 1 of the operating licence)

_____ Postcode _____

4. **Correspondence Address** (if different to the above)

_____ Postcode _____

5. **Contact Details**

Telephone _____

Mobile _____

Fax _____

Email _____

Would you like to receive email updates on news, etc.? _____
(Where possible, all written contact with you will be via email)

6. **Principals and Employees requiring Identification Cards-** please identify the main contact for this Operator with an asterix

Schedule X

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____
(please continue on a separate sheet if necessary)

Schedule Y

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____
(please continue on a separate sheet if necessary)

One recent passport size photograph of each individual (with the name clearly written on the back) must accompany this application. If an authorisation badge, issued by the National Joint Pitch Council, was previously held for 2007, this will not be necessary.

7. **Fee**

Please enclose a cheque or postal order made payable to AGT Ltd for £20 plus VAT (£23.50) for each identification card requested.

8. **Data Protection Act 1998**

AGT Ltd. may be required to pass your details to relevant statutory bodies to assist in the collection of levies, duties and taxes.

AGT Ltd. may be requested to pass on your telephone number to other registered operators, e.g. to facilitate private sales or enable bona fide direct contact. If you do not wish AGT Ltd. to perform this service, please tick the box.

Note: AGT Ltd. will not pass any personal details to unauthorised personnel or outside agencies.

9. **HBLB Certificate of Discharge or Exemption**

A copy of the Certificate of Discharge or Certificate of Exemption from the Levy Board for 2008/2009 (47th Levy Scheme) for the principal Operating Licence holder must accompany this application. Please telephone our office if you need further information or guidance on this.

10. **Public Liability Insurance**

All licensed operators are required to carry public liability insurance to the value of at least £2 million prior to trading on-course. A copy of your insurance certificate or other proof of insurance must accompany this application. It is your responsibility to ensure that this insurance adequately covers you, your employees, alternate operators (if applicable) and any equipment you may use whilst conducting betting business on GB racecourses.

11. **Betting Exchange Account(s)**

If you intend to use (i.e. for trading purposes) a remote betting intermediary (as defined in the Rules for Licensed Operators on Racecourses and commonly known as a betting exchange), please indicate each bet broker used.

Betfair

Betdaq

Other – please specify _____

12. **Declaration**

I/we agree to inform AGT Ltd. immediately if there is any change to these circumstances including any updates to my/our Operating Licence.

I/we certify that each of the employees named in section 6 of this form holds a written contract of employment with the trading name in section 1.

I/we declare that the above information is true and complete and that, as a condition of application, I/we agree to be bound by the terms of the Special Conditions E and the Position Allocation Policy. I/we understand that all telephone calls to AGT Ltd. offices may be recorded.

To be signed by all individuals named on **Schedule X** of the operating licence or a designated signatory for the company (proof of a designated signatory status, e.g. a board mandate or board authority, must accompany this form).

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____ Dated _____

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____

(please continue on a separate sheet if necessary)