

FEE:
REFER FEE SCHEDULE



GREYHOUNDS QUEENSLAND LIMITED

Albion Park Raceway, Breakfast Creek 4010
PO Box 250, Albion 4010 Phone 3262 7800 Fax 3262 7809

APPLICATION FOR RENEWAL – BOOKMAKER LICENCE

ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

I HEREBY APPLY FOR RENEWAL OF BOOKMAKER'S LICENCE NUMBER: _____

SURNAME: (Mr./Mrs./Ms.).....

CHRISTIAN NAMES:

RESIDENTIAL ADDRESS:

.....POST CODE:.....

POSTAL ADDRESS:

.....POST CODE:.....

TELEPHONE NO.: (Private):.....(Business/Mobile):.....

DATE OF BIRTH:.....OCCUPATION:.....

EMAIL ADDRESS:.....

NAME AND ADDRESS OF EMPLOYER:

HAVE YOU EVER BEEN DISQUALIFIED, SUSPENDED, WARNED OFF, FINED OR LISTED AS A DEFAULTER IN CONNECTION WITH ANY CODE OF RACING, OR IN THE PAST 5 YEARS BEEN CONVICTED OF A CRIMINAL OFFENCE PUNISHABLE BY FINE OR IMPRISONMENT?

IF YES, PLEASE PROVIDE FULL PARTICULARS

I hereby make application to Greyhounds Queensland Limited for a licence as indicated and in consideration of such application being granted, I agree to be bound by and comply with –

1. The rules of greyhound racing of GQL.
2. All decisions and directions of GQL which it is empowered to make or give.

I declare that the information tendered in this application is true and accurate.

Signature of Applicant: Dated:.....

OFFICE USE ONLY	Licence No:	Expiry Date	Date Received:
	Receipt No:	Licence Posted:	

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

