

ADMINISTRATION OF GAMBLING ON TRACKS LIMITED

ALTERNATE OPERATOR REGISTRATION FORM

This form must be completed and signed by an authorised signatory where a holder of a list position (the 'licensed operator') has agreed to let another bookmaker (the 'alternate operator') stand on his or her behalf.

This form must be submitted and payment must be made to AGT Ltd. by 1.30pm two working days before the applicable race day.

Trading name of licensed operator: _____

Trading name of alternate operator: _____

Racecourse and ring/list position: _____

Date of race meeting: _____

I agree to abide by the following terms and conditions: -

1. The licensed operator must ensure that the alternate operator abides by these terms and conditions.
2. List positions may not be rented out for money, or for money's worth.
3. An alternate operator must adopt the trading persona and responsibilities of the licensed operator – e.g. insignia, tickets, social responsibility policy, public liability insurance, PAYE arrangements, taxation, levy payments, betting exchange accounts, Gambling Commission fees, etc.
4. Late pay claims received centrally by AGT Ltd. will be addressed to the licensed operator.
5. Both operators must hold a betting operating licence issued by the Gambling Commission in accordance with the Gambling Act 2005.
6. List positions must be operated in accordance with the Gambling Commission's Licence Conditions and Codes of Practice for the licensed operator and the terms and conditions of entry to the racecourse.
7. A fee of £100 (plus VAT) per race day is payable to register an alternate operator (**payment only by telephone on 01480 499180 using a debit/credit card**).
8. Failure to comply with these terms and conditions will result in the application to register an alternate operator being declined. Alternatively, where appropriate and without warning, the alternate operator may be stood down by the BRM.
9. These records will be made available to appropriate authorities by AGT Ltd.

Licensed operator: Print name _____

Date _____ Signature _____

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