

**APPLICATION FOR
LICENCE TO OPERATE GAMING MACHINE(S) ON PRESCRIBED PREMISES
Pursuant to the Betting Gaming and Lotteries Act**

- 1. APPLICANT'S NAME (Mr./Mrs./Miss) _____
(Surname) (Middle) (Christian)
- 2. HOME ADDRESS _____

- 3. TELEPHONE NUMBER(S) HOME _____
- 4. NATIONALITY _____
- 5. SPOUSE'S NAME _____
(Surname) (Middle) (Christian)
- 6. BUSINESS NAME OF PREMISES WHERE MACHINE(S) WILL BE PLACED (IF APPLICABLE).

- 7. BUSINESS ADDRESS _____

- 8. TELEPHONE NUMBER(S) (BUSINESS) _____
- 9. NATURE OF BUSINESS _____
- 10. ARE YOU PRESENTLY THE HOLDER OF A VALID GAMING MACHINE LICENCE?
YES NO IF "YES" PLEASE PROCEED TO 10(A)
- 10A. NAME OF AUTHORITY WHICH GRANTED LICENCE _____
DATE LICENCE GRANTED ___ / ___ / ___ EXPIRATION DATE ___ / ___ / ___
- 11. NUMBER OF GAMING MACHINE(S) TO BE OPERATED AT THIS LOCATION _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION: -

- i. ORIGINAL RECEIPT (S) FROM THE COLLECTOR OF TAXES IN RESPECT OF LEVY PAID FOR THE CURRENT YEAR.
- ii. COPY OF UNEXPIRED GAMING MACHINE LICENCE
- iii. CERTIFIED COPY OF BUSINESS NAME CERTIFICATE (IF APPLICABLE)

SIGNATURE OF APPLICANT

DATE

* For use by Individuals and Sole Traders Only
** Delete those not applicable

FOR COMMISSION USE ONLY				
Receipt No.	Fees	Amount (\$)	No. of Machine(s)	Total
	Annual (Per Machine)	2,000		
	Disc	500		
			TOTAL PAID	

INSPECTION

Recommended for Approval: YES) NO)

COMMENTS: _____

Name of Inspector: _____ Signature: _____

Date: ____ / ____ / ____

Approved by Licensing Committee: YES NO

Other Conditions: _____

Licence Number _____ Date: ____ / ____ / ____

Chairman _____

Commissioner _____

Director Gaming and Lotteries _____

BETTING GAMING & LOTTERIES COMMISSION
List Details of Gaming Machines

NO.	TYPE OF MACHINE	SERIAL NO.	MAKE	NAME OF OWNER
1				
2				
3				
4				
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