

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: _ / _ / _____

Committee Chairman: _____

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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