

**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 LOCATED

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). IF "NO" PLEASE PROCEED TO 11.

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

Note: If you are the owner /operator of twenty (20) or more Gaming Machines, you are required to submit a completed **PERSONAL DECLARATION FORM** along with your application.

(*) For use by Individuals and Sole Traders Only

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: ____/____/____

Licence Number _____

Date: ____/____/____

Signature _____

Director of Gaming & Lotteries _____

Executive Director _____

Chairman _____