

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

1. NAME OF COMPANY _____ COMPANY NO. _____

2. REGISTERED OFFICE ADDRESS _____

3. TELEPHONE NUMBER OF COMPANY _____

4. BUSINESS ADDRESS(WHERE MACHINE(S) WILL BE LOCATED)

5. TELEPHONE NUMBER OF LOCATION _____

6. NAME OF DIRECTORS _____

7. NAME OF COMPANY SECRETARY _____

8. NATURE OF PRIMARY BUSINESS OF COMPANY _____

9. NUMBER OF MACHINES TO BE OPERATED AT BUSINESS LOCATION _____

10. IF A REGISTERED HOTEL, INDICATE NUMBER OF ROOMS _____

11. IS THE COMPANY THE PRESENT HOLDER OF A VALID GAMING MACHINE LICENCE?

YES NO IF "YES" PLEASE PROCEED TO 11(A)

11A. NAME OF AUTHORITY WHICH GRANTED LICENCE _____

DATE LICENCE GRANTED ____/____/____ EXPIRATION DATE ____/____/____

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. CERTIFIED COPY OF COMPANY'S INCORPORATION CERTIFICATE.
- iii. CERTIFIED COPY OF ANNUAL RETURNS.
- iv. CERTIFIED COPY OF ANNUAL RETURNS.
- v. COPY OF UNEXPIRED GAMING MACHINE LICENCE.

Signature of Director

____/____/____
Date

Signature of Director/Secretary

____/____/____
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 Companies Only

FOR COMMISSION USE ONLY

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

Recommended for Approval YES NO

COMMENTS: _____

Name of Inspector: _____

Signature: _____

Date: _____/_____/_____

Licence Number _____

Date: _____/_____/_____

Signature _____

Director of Gaming & Lotteries _____

Executive Director _____

Chairman _____