

**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?
 YES¹ NO¹. 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	2,500		
	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 _____