



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

Form A
For use by
Individuals and
Sole Traders Only

New ☐ Renewal ☐ Addition ☐ 20 /20 Application #: _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:-

- 1) ORIGINAL RECEIPT(S) FROM THE COLLECTOR OF TAXES IN RESPECT OF LEVY PAID FOR THE CURRENT YEAR.
- 2) VALID IDENTIFICATION CARD – PASSPORT, NATIONAL ID, DRIVER’S LICENCE
- 3) CERTIFIED COPY OF THE BUSINESS' CERTIFICATE OF REGISTRATION (IF APPLICABLE)
- 4) PROOF OF OWNERSHIP OF GAMING MACHINE(S) (IF APPLICABLE)
- 5) PROOF OF ADDRESS FOR PREMISES
- 6) COMPLETED FORM C - APPLICATION FOR PRESCRIBED PREMISES LICENCE (IF APPLICABLE)

ALL CORRESPONDENCE SENT TO THE CONTACT INFORMATION BELOW IS CONSIDERED
DELIVERED, UNLESS FORMAL NOTIFICATION OF A CHANGE HAS BEEN SUBMITTED

SECTION A - APPLICANT’S GENERAL INFORMATION		
1. CHRISTIAN NAME (First Name)	2. MIDDLE NAME	3. SURNAME (Last Name)
4. HOME ADDRESS: (Apt. No., Street No. and Name, Postal Zone, Parish)		
5. TELEPHONE NUMBERS: HOME: _____ MOBILE (1): _____ WHATSAPP: _____ MOBILE (2): _____		
6. E-MAIL ADDRESS:		
7. NATIONALITY:	8. ID TYPE AND NUMBER: <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Driver’s Licence No. _____	9. TAXPAYER REGISTRATION No.(TRN)

SECTION B – BUSINESS INFORMATION	
10. NAME OF PREMISES: (Where machines will be located - Prescribed Premises)	
11. ADDRESS: (Apt. No., Street No. and Name, Postal Zone, Parish)	BUSINESS TELEPHONE NUMBER(s):
12. NATURE OF BUSINESS: (please tick where applicable in the box provided) <input type="checkbox"/> BAR <input type="checkbox"/> CLUB <input type="checkbox"/> GAMING LOUNGE <input type="checkbox"/> HOTEL <input type="checkbox"/> BETTING LOUNGE <input type="checkbox"/> OTHER (Please specify): _____	
13. NO. OF MACHINE(S) TO BE OPERATED AT THIS PREMISES: LOCAL MACHINE(S): _____ SLOT MACHINE(S): _____	

Signature of Applicant _____ Date: dd/mm/yyyy _____

FOR COMMISSION USE ONLY									
PAYMENT TO INLAND REVENUE DEPARTMENT:					PAYMENT TO BGLC:				
Receipt. No.	Fees	Amount (\$)	No. of machines	Total	Receipt. No.	Fees	Amount (\$)	No. of machines	Total
	(Per Machine)	\$5,000				(Per Machine)	\$4,000		
						DISC	\$1,000		
			Total paid					Total Paid	

RECOMMENDATION AND APPROVAL	
Recommended by: Senior Licensing & Registration Officer Name: _____ Signature: _____	Approved by: Director of Licensing & Registration Name: _____ Signature: _____

FOR LICENSING & REGISTRATION DIVISION USE ONLY

OUTSTANDING FEES PAYABLE TO BETTING, GAMING & LOTTERIES COMMISSION FOR MULTIPLE YEARS

	Year	Machine Fees		# of Machines	Amount
		Licence	Disc		
	2017-2018	\$4,000	\$1,000		
	2018-2019	\$4,000	\$1,000		
	2019-2020	\$4,000	\$1,000		
	2020-2021	\$4,000	\$1,000		
	2021-2022	\$4,000	\$1,000		
GRAND TOTAL					