



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

Form B

For use by
Companies 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) CERTIFIED COPY OF COMPANY’S CERTIFICATE OF INCORPORATION
- 3) CERTIFIED COPY OF ANNUAL RETURN *(IF APPLICABLE)*
- 4) PROOF OF OWNERSHIP OF GAMING MACHINE(S) (IF APPLICABLE)
- 5) AUDITED/IN-HOUSE FINANCIAL STATEMENTS *(IF APPLICABLE)*
- 6) PROOF OF ADDRESS FOR PREMISES
- 7) VALID IDENTIFICATION CARD – PASSPORT, NATIONAL ID, DRIVER’S LICENCE
- 8) 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 – COMPANY’S GENERAL INFORMATION | | |
|--|-------------------------------|------------------------------------|
| 1. NAME OF COMPANY: | | 2. COMPANY NUMBER: |
| 3. REGISTERED OFFICE ADDRESS: <i>(Street No. and Name, Postal Zone, ParisParish)</i> | | |
| 4. TELEPHONE NUMBERS: OFFICE: _____ WHATSAPP: _____ | 5. FAX: | 6. EMAIL ADDRESS |
| 7 NAME OF CONTACT PERSON | 8. TEL NO. FOR CONTACT PERSON | 9. TAXPAYER REGISTRATION NO. (TRN) |

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

| SECTION C - COMPANY DIRECTORS: | | |
|--------------------------------|---------|------------|
| NAME | ADDRESS | OCCUPATION |
| | | |
| | | |
| | | |
| | | |
| | | |
| COMPANY SECRETARY: | | |
| | | |

Authorized Signature
(Director)

Date: dd/mm/yyyy

AFFIX COMPANY SEAL HERE

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

| RECOMMENDATION AND APPROVAL | |
|--|--|
| <i>Recommended by:</i> Senior Licensing & Registration Officer Name: _____ Signature: _____ | <i>Approved by:</i> Director of Licensing & Registration Name: _____ Signature: _____ |

Revision: January 2021

Betting, Gaming & Lotteries Commission

FOR LICENSING & REGISTRATION DIVISION USE ONLY

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

| Application # | 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 | | | | | |