



APPLICATION FOR
APPROVAL AND OR REGISTRATION OF
PREMISES AS PRESCRIBED PREMISES
Pursuant to the Betting, Gaming and Lotteries Act

Form C
For use by
Companies Only

New ☐ Renewal ☐

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) PROOF OF ADDRESS FOR PREMISES

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: (Street No. and Name, Postal Zone, Parish)		
4. TELEPHONE NUMBERS: OFFICE: _____ WHATSAPP: _____	5. FAX:	6. EMAIL ADDRESS
7. NAME OF CONTACT PERSON	8. TEL NO. FOR CONTACT PERSON	9a. TAXPAYER REGISTRATION No. (TRN) _____ 9b. BRANCH No. _____

SECTION B – PRESECRIBED PREMISES INFORMATION	
10. NAME OF PREMISES: (Where machines will be located - Prescribed Premises)	
11. ADDRESS: (Street No. and Name, Postal Zone, Parish)	12. BUSINESS TELEPHONE NUMBER(s):
13. NATURE OF BUSINESS: (please tick where applicable in the box provided) (a) BAR <input type="checkbox"/> (b) CLUB <input type="checkbox"/> (c) HOTEL <input type="checkbox"/> (d) GAMING LOUNGE <input type="checkbox"/> (e) BETTING LOUNGE <input type="checkbox"/> (f) OTHER (Please specify): <input type="checkbox"/> _____ If 13(a), (b) or (c), please submit a copy of the relevant licence	
14. DECLARATION FOR COMPANY: ON THE BASIS OF 13(a), (b), (c), (d) or (e) or the approval if granted under 13(f) hereof, I hereby apply for a licence to register the said Premises, herein as a Prescribed Premises for the purpose of operating Gaming Machines thereon. DIRECTOR: _____ Name (please print) Signature Date: dd/mm/yyyy <div>Company Seal or Stamp</div>	

SECTION C – GAMING MACHINE OWNER/OPERATOR GENERAL INFORMATION	
15. NAME OF OWNER/OPERATOR:	
16. REGISTERED OFFICE ADDRESS: (Street No. and Name, Postal Zone, Parish)	17. TELEPHONE NUMBER

FOR COMMISSION’S USE ONLY		
RECOMMENDATION AND APPROVAL		AMOUNT PAYABLE
Senior Licensing & Registration Officer Name: _____ Signature: _____	Director of Licensing & Registration Name: _____ Signature: _____	<i>Receipt No.</i> _____ <i>Amount:</i> _____ <i>Receipt No.</i> _____ <i>Amount:</i> _____

Revision: January 2021

FOR LICENSING & REGISTRATION DIVISION USE ONLY
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OUTSTANDING FEES PAYABLE TO BETTING, GAMING & LOTTERIES COMMISSION FOR MULTIPLE YEARS

Application #	Year	Premises Fee	Amount Paid
	2017-2018	\$1,000	
	2018-2019	\$1,000	
	2019-2020	\$1,000	
	2020-2021	\$1,000	
	2021-2022	\$1,000	
GRAND TOTAL			