



**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**

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) COPY OF UNEXPIRED GAMING MACHINE LICENCE
- 4) CERTIFIED COPY OF BUSINESS NAME CERTIFICATE (IF APPLICABLE)
- 5) PROOF OF OWNERSHIP OF GAMING MACHINE(S) (IF APPLICABLE)

**A DULY COMPLETED FORM C- (APPLICATION FOR PRESCRIBED PREMISES LICENCE) MUST ACCOMPANY THIS APPLICATION**  
**Note: If you are the owner/operator of nineteen and under Gaming Machines, you are required to submit a completed PERSONAL DECLARATION FORM along with your application.**

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 NUMBER: HOME:		CEL. :	FAX:	6. E-MAIL ADDRESS	
7. NATIONALITY:		8. ID TYPE AND NUMBER: <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Drivers Licence  No. _____		9. TAXPAYERS REGISTRATION No. (TRN)	

SECTION B – BUSINESS INFORMATION	
10. NAME OF BUSINESS: (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 LOCATED AT THIS LOCATION:	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: dd/mm/yyyy

FOR COMMISSION USE ONLY										
14. <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL										
15. PAYMENT TO INLAND REVENUE DEPARTMENT:					16. 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	

17. RECOMMENDATION AND APPROVAL	
<b>Recommended by:</b> Senior Licensing & Registration Officer  Name: _____  Signature: _____	<b>Approved by:</b> Director of Licensing & Registration  Name: _____  Signature: _____

**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		
	2003-2004	\$2,000	\$500		
	2004-2005	\$2,000	\$500		
	2005-2006	\$2,000	\$500		
	2006-2007	\$2,000	\$500		
	2007-2008	\$2,000	\$500		
	2008-2009	\$2,000	\$500		
	2009-2010	\$2,000	\$500		
	*2010-2011	\$2,500	\$500		
	2011-2012	\$2,500	\$500		
	2012-2013	\$2,500	\$500		
	2013-2014	\$4,000	\$1,000		
	2014-2015	\$4,000	\$1,000		
<b>GRAND TOTAL</b>					

\*Proration if applicable