



**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**

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
- 4) COPY OF UNEXPIRED GAMING MACHINE LICENCE
- 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: (a)** If you are the owner/operator of twenty (20) or more Gaming Machines, you are required to submit a completed **MULTI-JURISDICTION FORM** along with your application.

**(b)** If you are the owner/operator of nineteen (19) and under gaming machines, you are required to submit a completed **PERSONAL DECLARATION FORM** along with your application.

<b>SECTION A – COMPANY'S GENERAL INFORMATION</b>		
1. NAME OF COMPANY:	2. COMPANY NUMBER:	
3. REGISTERED OFFICE ADDRESS: <i>(Street No. and Name, Postal Zone, Parish)</i>		
4. COMPANY TEL. NO.:	5. FAX:	6. NAME OF CONTACT PERSON:
7. E-MAIL ADDRESS:	8. TAXPAYERS REGISTRATION NO. (TRN)	9.

<b>SECTION B – BUSINESS INFORMATION</b>	
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> <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): _____	
12(a). IF A REGISTERED HOTEL, KINDLY INDICATE NUMBER OF ROOMS:	
13. NO. OF MACHINE(S) TO BE OPERATED AT THIS PREMISES:	

<b>SECTION C - COMPANY DIRECTORS:</b>		
NAME	ADDRESS	OCCUPATION
<b>COMPANY SECRETARY:</b>		

\_\_\_\_\_  
Authorized Signature  
**(Director)**

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

\_\_\_\_\_  
Authorized Signature  
**(Director or Company Secretary)**

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



**Company Seal or Stamp**

**FOR COMMISSION USE ONLY**

14.  NEW APPLICANT       RENEWAL

15. PAYMENT TO INLAND REVENUE DEPARTMENT:

Receipt. No.	Fees	Amount (\$)	No. of machines	Total
	(per machine)	5,000		
			Total paid	

16. PAYMENT TO BGLC:

Receipt. No.	Fees	Amount (\$)	No. of machines	Total
	(per machine)	\$4,000		
	Disc	\$1,000		
			Total Paid	

**17. RECOMMENDATION AND APPROVAL**

17a. **Recommended by:**

Senior Licensing & Registration Officer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Approved by:**

Director of Licensing & Registration

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Revised January 2014

The 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		
	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