



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

Form C
*For use by
Individuals and
Sole Traders*

New **Renewal**

Application #: _____

SECTION A – OWNER/OPERATOR OF PREMISES GENERAL INFORMATION

1. CHRISTIAN (First Name)		2. MIDDLE NAME		3. SURNAME (Last Name)	
4. HOME ADDRESS: (Apt. No., Street No. and Name, Postal Zone, Parish)					
5. TELEPHONE NUMBER:		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 – PRESCRIBED PREMISES INFORMATION

10. NAME OF PREMISES: (Where machines will be located - Prescribed Premises)	
11. ADDRESS: (Apt. No., 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) <input type="checkbox"/> A BAR LICENSED UNDER THE SPIRIT LICENCE ACT/THE TRADE AND BUSINESS ACT (b) <input type="checkbox"/> A CLUB REGISTERED UNDER THE REGISTRATION OF CLUBS ACT (c) <input type="checkbox"/> HOTEL (d) <input type="checkbox"/> GAMING LOUNGE (e) <input type="checkbox"/> BETTING LOUNGE (f) <input type="checkbox"/> OTHER (Please specify): _____ 13(i). If 13(a), (b) or (c), please submit a copy of the relevant licence.	
14. DECLARATION FOR INDIVIDUALS/SOLE TRADER: 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ Signature of Applicant </div> <div style="width: 45%; text-align: center;"> _____ Date: dd/mm/yyyy </div> </div>	

SECTION C – GAMING MACHINE OWNER/OPERATOR GENERAL INFORMATION

15. NAME OF OWNER/OPERATOR:	
16. HOME ADDRESS: (Apt. No., Street No. and Name, Postal Zone, Parish)	17. TELEPHONE NUMBER

FOR COMMISSION'S USE ONLY

18. RECOMMENDATION AND APPROVAL		
Recommended by: Senior Licensing & Registration Officer Name: _____ Signature: _____	Approved by: Director of Licensing & Registration Name: _____ Signature: _____	Payment to IRD: Receipt No. _____ Amount _____ Payment BG&LC: Receipt No. _____ Amount: _____

FOR LICENSING & REGISTRATION DIVISION USE ONLY

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

Application #	Year	Premises Fee	Amount Paid
	*2010-2011	\$500	
	2011-2012	\$500	
	2012-2013	\$500	
	2013-2014	\$1,000	
	2014-2015	\$1,000	
GRAND TOTAL			

***Proration if applicable**