



Application for a Certificate in Respect of Premises

Details of the Applicant Company/ Occupier of the Premises

Notes to Applicants

This form should be completed by a company wishing to apply to the Gambling Supervision Commission (GSC) for a Certificate in Respect of Premises in accordance with the Gaming (Amendment) Act 1984.

This form should be completed in conjunction with the GSC's integrity guidance. Please complete the form in capital letters using black ink.

This application and all accompanying documents and correspondence must be in English.

Please return to the GSC at the address below when completed, with the appropriate fee.

Version 5:0

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 +44 (0)1624 694331

 GSCApplications@gov.im

www.isleofmangsc.com/gambling

Name of the Applicant Company	
Premises for which the Application is made	
Nominated Contact Person	
Please provide the details of the individual designated as the main point of contact for this application. All correspondence from the Commission during the application process will be directed to this contact.	
Name	
Relationship to Applicant Company	
Contact Number	
Email Address	

The Applicant Company	
Full legal name of the applicant company	
Any other name by which the company has been previously known	
Trading name (if different)	
Website URL	
Registered office address	
Company number	
Date of incorporation	
Issued share capital	
Has the Applicant Company or any of the Officers previously been refused a gambling certificate? If the answer to this question is 'yes', please provide details.	

Shareholding of the Applicant Company

Please provide shareholding details of all shareholders of the Applicant Company.

Total Issued Share Capital (Number)

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List of shareholders

Name and address	Type of Share	Number of Shares	Total Value	Paid Up Value

Number of Shareholders with 10% or less of the issued share capital of the Applicant Company (Schedule attached)

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Details of Company Officers

Role	Name	Address
Beneficial Owner		
Beneficial Owner		
Company Director		
Company Director		
Company Director		
Company Secretary		

Details of premises for which the application is made	
Address	
Details of the person having actual charge of the premises (Designated Official)	
Name	
Address	
Contact Number	
Email Address	
Date the Designated Official was approved by the Licensing Court	
Type of Certificate applied for	
Full Certificate	
Restricted Certificate	
Club Certificate	
Number of controlled machines applied for	
Amusement With Prize	
Quiz With Prize	
Amusement Only	
Opening times for the premises	
All Year	
Seasonal	
Times	
Are the machines directly supervised by staff at all times?	
Description of premises – as required by GAA schedule 1 paragraph 1(2)	
Do the premises have CCTV installed?	
Is the CCTV recorded?	
Are the machines sited in a position with a dedicated power supply with no trailing leads?	
If you answer NO to any question, please explain on a separate sheet of paper.	

Checklist

If the answer is NO, please explain on a separate sheet of paper

The Application Fee

If the application is for a Full Certificate, notice of the application requires to be placed in two local newspapers within seven days of the application being lodged with the GSC.

If previously not submitted, a plan of the premises clearly indicating the position of the controlled machine(s), power sockets and fire exits.

Declaration

The Applicant Company hereby applies to the Gambling Supervision Commission for a Certificate of Premises under Section 3 of the Gaming (Amendment) Act 1984.

We declare that the information supplied in this application is correct to the best of our knowledge.

We agree to provide the GSC with and further information that it may require when considering this application.

We agree to inform the GSC of any other information and changes after submission of the application which is material to this application.

We confirm that we have read and understood the:

- The Gaming (Amendment) Act 1984
- The Integrity Guidance for GAA related certificates and licenses.

The below representatives of the company, certify that the information provided in this application is, to the best of their knowledge and belief, complete and correct.

Signed

Director of the Applicant Company

Name

Date