

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

Name of the Applicant Company			
Premises for which the Application is made			
Nominated Contact Per	rson		
Please provide the details of the i application. All correspondence from the tothis contact.	_	•	
Name			
Relationship to Applicant Compan	У		
Contact Number			
Email Address			

The Applicant Company					
Full legal name of the applicant compa	iny				
Any other name by which the compar been previously known	ny has				
Trading name (if different)					
Website URL					
Registered office address					
Company number					
Date of incorporation					
Issued share capital					
Shareholding of the Applications provide shareholding details of					
Please provide shareholding details of Total Issued Share Capital (Number)	all Sharer	olders of the A	Applicant C	Company.	
				company.	
Total Issued Share Capital (Number)	Type o	of Numbe	r _T	otal Value	Paid Up Value
Total Issued Share Capital (Number) List of shareholders	Туре	of Numbe	r _T		Paid Up Value
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Total Issued Share Capital (Number) List of shareholders	Туре	of Numbe	r _T		Paid Up Value
Total Issued Share Capital (Number) List of shareholders	Type of Share	of Number of Share	r To		Paid Up Value

Role	Name	Address
eneficial Owner		
eneficial Owner		
ompany Director		
ompany Director		
ompany Director		
ompany Secretary		
		Officers previously been refused a question is 'yes', please provide details below:

Details of premises for which the application is made		
Name		
Address		
Contact Number		
Email Address		
Website URL		
Details of the person havi (Designated Official)	ng actual charge of the premises	
Name		
Address		
Contact Number		
Email Address		
Date the Designated Official was approved by the Licensing Court		
Type of Certificate applied	l for	
Full Certificate		
Restricted Certificate		
Club Certificate		
Number of controlled mac	hines applied for	
Amusement With Prize		
Quiz With Prize		
Amusement Only		
Period and times that the controlled machines	premises will be open for the use of	
All Year		
Seasonal		
Times		

Premises If the answer is NO, please explain on a separate sheet of paper.		
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?		
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 Commiss Certificate of Premises under Section 3 of the Gaming (Amendment) Act 1984.	sion for a	
We declare that the information supplied in this application is correct to the beknowledge.	est of our	
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	