



**APPLICATION FOR A CERTIFICATE IN RESPECT OF
PREMISES UNDER
THE GAMING (AMENDMENT) ACT 1984**

DETAILS OF THE APPLICANT COMPANY

Name of the Applicant Company	
Premises for which the Application is made	

This form is issued by the Isle of Man Gambling Supervision Commission, Ground Floor, St. George's Court, Douglas, Isle of Man. IM1 1ED

Telephone: (01624) 694331
Fax: (01624) 694344
E-mail: gaming@gov.im
Web Site: www.gov.im/gambling

Please complete in CAPITAL LETTERS (except where signing) and using **BLACK** ink.

Please stay within the text boxes. If there is insufficient room, provide the information on a separate sheet and indicate in the box that you have done so.

All questions have to be answered and where specific information is requested, it must be provided in full. A failure to do so will result in your application being delayed and may result in your application being returned.

The Gambling Supervision Commission (GSC) retains the right to request additional information.

Before the application process can proceed, the prescribed application fee must have been paid in full.

Should it be found that any information provided as part of the application is, without reasonable excuse, misrepresented or falsified, deliberately omitted or otherwise not properly provided, this may provide reason for an application to be rejected or fail altogether; any approval already granted may be suspended or revoked.

Client confidentiality is important to the GSC. Information provided as part of this process will not be shared with anyone, other than sanitised information which is used for the purpose of conducting the prescribed statutory and due diligence checks with other Government departments, etc.

1. The Applicant Company

1.1	Full legal name of the applicant company		
1.2	Any other name by which the company has been previously known		
1.3	Trading name (if different)		
1.4	Website URL		
1.5	Registered office address	Building name or number	
		Street	
		Town	
		Postcode	
1.6	Company number		
1.7	Date of incorporation		
1.8	Issued share capital		

2. Full details of the Applicant Company

Please list the name and shareholding details of all shareholders with more than 10% of the issued share capital of the Applicant Company.

Please give the total number of shareholders with 10% or less of the issued share capital of the Applicant Company, and provide a separate schedule detailing the full name, date of birth and address of these shareholders. If the company is a PLC with a large number of smaller shareholders, please contact the GSC for advice.

If a nominee company or trust holds any of the shareholding, details of the ultimate beneficial owner must be given.

2.1 Total Issued Share Capital (Number)

Made up of:

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

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

3. Details of company officers

Please list the name and role of the:

- Beneficial Owner(s)
- Company Director(s)
- Secretary

Name	Role	Address

4. Has the Applicant previously been refused a Certificate

If the answer to this question is 'yes', please submit details below:

Yes/No

--

5. Details of premises for which the Application is made

Name		
Full Postal Address	Building Name or No.	
	Street	
	Town	
	Post Code	
Telephone Number		
Email Address		
Website URL		

6. Details of the person having actual charge of the premises

Name		
Full Postal Address	Building Name or No.	
	Street	
	Town	
	Post Code	
Telephone Number		
Mobile Number		
Fax Number		
Email Address		
Has the Designated Official been approved by the Licensing Court? If yes, please state date.		

7. Details of Additional Approved Designated Officials

Full Name of Additional Designated Official:	
Date Approved by Licensing Court:	
Full Name of Additional Designated Official:	
Date Approved by Licensing Court:	
Full Name of Additional Designated Official:	
Date Approved by Licensing Court:	
Full Name of Additional Designated Official:	
Date Approved by Licensing Court:	

8. Type of Certificate applied for

FULL CERTIFICATE	
RESTRICTED CERTIFICATE	
CLUB CERTIFICATE	

9. Number of controlled machines applied for

AMUSEMENT WITH PRIZE	
QUIZ WITH PRIZE	
AMUSEMENT ONLY	

10. Period and times that the premises will be open for the use of controlled machines

All Year	
Seasonal	
Times	

11. Premises

Please confirm the suitability of the premises. If the answer is NO, please explain on a separate sheet of paper.

Are the machines directly supervised by staff at all times?	YES / NO
Do the premises have CCTV installed?	YES / NO
Is the CCTV recorded?	YES / NO
Are the machines sited in a position with a dedicated power supply with no trailing leads?	YES / NO

12. Checklist

Please indicate that you have included or provided the following information. If the answer is NO, please explain on a separate sheet of paper

The Application Fee	YES / NO
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 Commission.	YES / NO
If previously not submitted, a plan of the premises clearly indicating the position of the controlled machine(s), power sockets and fire exits.	YES / NO

13. Declaration

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

The undersigned officer(s) of the Applicant Company agree:

- to furnish any further information that the Commission may require when considering this application;
- to notify the Commission immediately of any material changes in the information provided in this application.

As part of the application process, the GSC will make extensive enquiries to ensure the premises will be under the control of persons of integrity and competence, who are of sound character. To do so, the GSC will seek confirmation of facts and potentially seek further information from third parties, amongst which will be the Licensing Court, Isle of Man Police, Fire and Rescue Service and the Local Authority.

We certify that the information provided in this application is, to the best of our knowledge and belief, complete and correct.

Signed		Director of the Applicant Company
Name		
Date		