

CASINO LICENCE APPLICATION FORM

1. Application for : Existing Casino Operation
 New Casino Operation
2. Applicant :
(Casino licence applicant being the owner or the legal person that is the owner of the casino)
3. Address of the Applicant :
4. Taxpayer Identification No. (TIN) :
(Issued by the Department of Inland Revenue)
5. Company/Business Registration No. :
6. Name of the Casino :
7. Place /Address of the Casino :
8. Administrative District within which the Casino is located :
9. Is the Casino belonged to a chain of Casinos : Yes
 No
10. If yes,
a) Name of chain :
b) Number of casinos in chain :
c) Active jurisdictions :
11. Opening hours of the Casino
Opening Time :
Closing Time :
12. Compliance Officer appointed : Yes
 No
13. If yes, Name of Compliance Officer :
14. Contact details of Compliance Officer :

15. Casino Manager

(Please provide information of the casino manager)

- a) Name :
- b) Address :
- c) NIC/ Passport Number :
- d) Place and date of issue :
- e) Email :
- f) Telephone number(s) :

16. Available games

(Please supply information of the casino games to be offered. May also be attached as an Annex)

Game Tables

Type of Game Table	No. of Game Tables

Slot Machines

Type of Slot Machine	No. of Slot Machines

Other Games

- (1)
- (2)
- (3)

17. Signature

The application must be signed by the natural person or persons authorised to sign in accordance with the articles of incorporation. By signing this application the signatory asserts:-

- 1. that the application is applied for a licence as referred to in section 2 of the Casino Business (Regulation) Act, No.17 of 2010, in order to operate the casino gaming business at the place or premises indicated in this application form,
- 2. that this application form was filled in completely and truthfully, and
- 3. that the signatory will comply with all relevant legal and licence requirements.

	Signatory 1	Signatory 2	Signatory 3
Name in Full			
Passport /NIC No.			
Issuing date			
Signature			
Date			