

For office use	
File No allocated:	.....
Signature	:.....

## **Application for Registration of the Businesses of Betting & Gaming**

01. Name of the Business :

.....

02. Ownership of the Business : (Company/Partnership/Sole Proprietor )

.....

03. Nature of the Business : (Casino/with the use of live telecast facilities/without the use of live telecast facilities/through an agent)

.....

04. Business Registration Number :

.....

05. Address of the Business :

I. Email Address :.....

II. Telephone Number :.....

06. Please Specify (regarding business place)

I. Administrative District :.....

II. Divisional Secretariat Division :.....

III. Name & No of Grama Niladhari Division :.....

IV. Police Area :.....

07. I .If the Business is a company details of Directors :

	Name	NIC No	Address	Telephone No.
1				
2				
3				

II. If the business is a partnership Details of the partners:

	Name	NIC No	Address	Telephone No
1				
2				
3				

III. If the business is a sole proprietor details of the Owner :

	Name	NIC No	Address	Telephone No
1				

08. Date of commencement / to be commenced of the betting business :

.....

09. If the proceeds of the gaming business deposited to bank, specify,

Name of the Bank & Branch	Type Of Account Current/Saving /fixed	Name of the Account Holder	Account Numbers
1			
2			
3			

10. If Centers/Branch available, please attach the schedule including the details as follows

- I. Address of the Centre/Branch : .....
- II. Full Name of the Manager : .....
- III. Name & Address of the building owner : .....

11. Please submit following documents with the application

- I. Business Registration certificate (Partnership/ Sole Proprietor) or Company Registration Certificate
- II. Name & Address of the owner of the premises.
- III. Certified copy of the rent or lease agreement
- IV. If the business is done by through an agent name & address of that agent

12. Declaration

To Commissioner General of Inland Revenue,

I hereby agree to submit the report on the daily gross collection in each month which relevant for the respective quarter and to submit Annual return with the financial statements of the accounts for the each year of assessments.

Managing Director / precedent partner / owner : .....

Date: ...../...../.....

Signature : .....

Official Frank