



**Betting, Gaming, Lotteries & Amusements**  
**(Northern Ireland) Order 1985**

**Betting and Gaming (NI) Order 2004**

**PLEASE COMPLETE ALL SECTIONS**

1. I/We hereby apply to Limavady Borough Council for the grant\*/provisional grant\*/renewal\* of an amusement permit, authorising gaming by means of gaming machines in respect of premises situated at:

Name of Premises: .....

Address: .....

.....Post Code.....

*\*Delete whichever is not applicable*

2. The premises for which an amusement permit is sought will be:

\*(a) premises used wholly or mainly for the provision of amusements by means of gaming machines

Number of gaming machines applied for

Number of non-gaming machines to be provided

**OR**

\*(b) premises used wholly or mainly for the purpose of a pleasure fair consisting wholly or mainly of amusements

Number of gaming machines applied for

Number of non-gaming machines to be provided

**AND**

\*(c)(i) premises used for the provision of gaming machines with maximum all cash prize of £25 as defined by Article 108(1)(ca)

Number of gaming machines applied for

Number of non-gaming machines to be provided

**OR**

\*(c)(ii) premises used for the provision of gaming machines with maximum all cash prize of £8 as defined by Article 108(1)(c)

Number of gaming machines applied for

Number of non-gaming machines to be provided

\* delete either (a) or (b) and (c)(i) or (c)(ii) whichever is not applicable.

3. Applicant's full name and home address: .....

.....

Post Code .....Date of Birth: .....

Tel No. .... Fax No .....email .....

4. If a Limited Company, state the name of the Company, the name of Secretary, and address of the registered office; otherwise give name and address of each member of the Company:

.....

.....

Tel No. .... Fax No .....email .....

5. If a partnership, state the name and address of each member of the partnership:

(i) Name ..... Date of Birth .....

Address .....

.....Post Code .....

Tel No. .... Fax No .....email .....

(ii) Name ..... Date of Birth .....

Address.....

.....Post Code .....

Tel No. .... Fax No .....email .....

6. If the business is managed by a person other than the applicant, state the full name and address of that person:

.....  
.....Post Code .....  
Tel No. .... Fax No .....email .....

7. Days and hours of opening: .....

.....  
.....

8. Is there a valid fire certificate in force in respect of your premises? YES/NO

If yes, on what date was it granted? .....

## Checklist for Applicants

| <b>PLEASE ENSURE YOU HAVE TAKEN THE FOLLOWING ACTION</b>   |  |
|--|--|
| <b>RENEWAL APPLICATION</b>   | <b>NEW APPLICANTS</b>  |
| Copy served on sub-divisional commander PSNI <input style="float: right;" type="checkbox"/>                    | Copy served on sub-divisional commander PSNI <input style="float: right;" type="checkbox"/>                                    |
|  | Arranged for advertisement in local press (2 No) and copies supplied to council <input style="float: right;" type="checkbox"/> |
| <b>PLEASE ENSURE YOU HAVE ENCLOSED WITH THIS APPLICATION</b>   |  |
| Copy of plan for premises where Structural change has been made <input style="float: right;" type="checkbox"/> | Duplicate copies of plan for premises (Scale 1/100) <input style="float: right;" type="checkbox"/>                             |
| Application Fee Article 108 1(a) permit      £32 <input style="float: right;" type="checkbox"/>                | Application Fee Article 108 1(a) permit      £32 <input style="float: right;" type="checkbox"/>                                |
| Article 108 1(ca) permit      £250 <input style="float: right;" type="checkbox"/>                              | Article 108 1(ca) permit      £250 <input style="float: right;" type="checkbox"/>  |
| Revised fire certificate if necessary <input style="float: right;" type="checkbox"/>                           | Copy of fire certificate <input style="float: right;" type="checkbox"/>  |
| <b><u>FOR OFFICAL USE ONLY</u></b>   |  |
| Receipt No .....   | Two references:<br>Character/Reputation <input style="float: right;" type="checkbox"/>   |
| Received Date.....   | Financial Standing <input style="float: right;" type="checkbox"/>  |
| File No .....  | Copy of planning approval for use of the premises as an amusement arcade <input style="float: right;" type="checkbox"/>        |
| Fee .....  |  |
| Plans.....   |  |
| Refs.....  |  |
| Initials.....  |  |

I/We declare that all the information given by me/us, in this form, is correct in every respect.

I/We declare that the premises are not to be used for any unlawful purpose or as a resort of persons of known bad character.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### DATA PROTECTION ACT 1998

**Limavady Borough Council collects the data on this form for the purposes of the management and application of the Betting, Gaming, Lotteries and Amusements (Northern Ireland) Order 1985. This data may also be passed to other relevant Government agencies.**