



Government Circular No. 25/01

GAMING, BETTING AND LOTTERIES ACT 1988

**THE BETTING (PRESCRIBED FORM) REGULATIONS 2001**

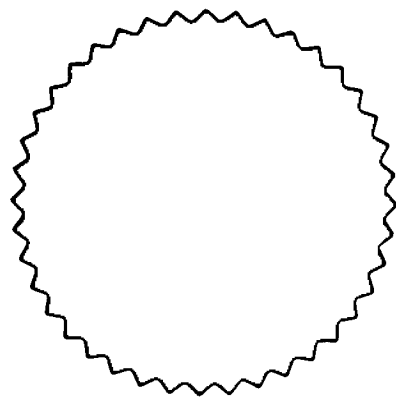
The above mentioned Regulations, a copy of which is attached, were made by the Isle of Man Gaming Control Commissioners on the 1<sup>st</sup> July 2001.

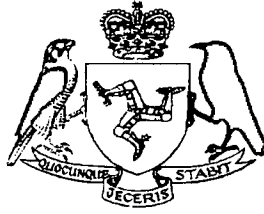
These Regulations prescribe the form required to be used in connection with the grant or renewal of betting office licences by the Isle of Man Gaming Control Commissioners.

MADE     *23<sup>rd</sup> May*     2001

The Common Seal of the Isle of Man  
Gaming Control Commissioners is  
hereunto affixed the in the presence of

:  
Chairman : *[Signature]*  
:  
Secretary : *[Signature]*





GAMING, BETTING AND LOTTERIES ACT 1988

THE BETTING (PRESCRIBED FORM) REGULATIONS 2001

In exercise of the powers conferred on the Isle of Man Gaming Control Commissioners by section 47(1) of, and paragraph 3(1) of Schedule 1 to, the Gaming, Betting and Lotteries Act 1988, and all other powers enabling them in that behalf, the following regulations are hereby made -

Citation and commencement

1. These Regulations may be cited as the Betting (Prescribed Form) Regulations 2001 and shall, subject to section 47(2) of the Gaming, Betting and Lotteries Act 1988, come into operation on the 1<sup>st</sup> July 2001.

Prescribed forms


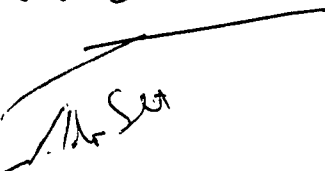
2. The form set out in the Schedule shall have effect for the purposes set out therein.

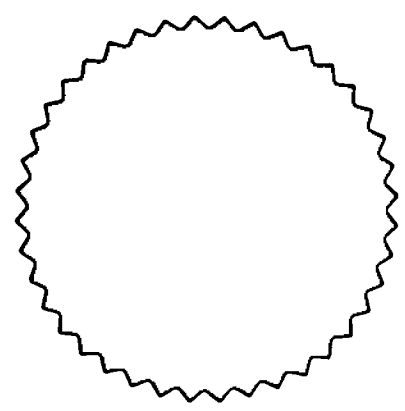
Revocation

3. Form one of the Schedule to the Betting (Prescribed Forms) Regulations 1982<sup>(a)</sup> is hereby revoked.

MADE 23<sup>rd</sup> May 2001

The Common Seal of the Isle of Man :  
Gaming Control Commissioners is  
hereunto affixed the in the presence of :

:  
Chairman :   
:  
Secretary : 



<sup>(a)</sup> G.C. 34/82

SCHEDULE

---

PRESCRIBED FORMS

**ISLE OF MAN GAMING CONTROL COMMISSIONERS  
"HOMEFIELD"  
88 WOODBOURNE ROAD  
DOUGLAS  
ISLE OF MAN**

**APPLICATION FOR A BOOKMAKERS PERMIT  
UNDER SCHEDULE 1 OF THE GAMING BETTING AND LOTTERIES ACT 1988**

**Please use block letters or typescript**  
If insufficient space please use additional sheets

The staff of the Commissioners are available to be consulted on a formal or an informal basis in the course of the preparation of an application for a permit and will try to give appropriate guidance where it is sought. However, in order that the role of the staff of the Commissioners is not misunderstood, the Commissioners wishes to emphasise that:-

- (i) the preparation and submission of an application for a licence is the responsibility of the Applicant;
- (ii) the decision whether or not to issue a licence is the responsibility of the Commissioners; and
- (iii) the Commissioners normally takes legal advice on questions of law that confront it and Applicants for licences must similarly be prepared to seek legal advice on questions of law that confront them.

**WARNING**

**Please ensure that you are fully aware of the betting and associated legislation before completing and signing this application. Your attention is particularly drawn to Section 19 of the Act.**

**The Gaming Betting and Lotteries Act 1988 provides that any person who in or in connection with an application knowingly or recklessly makes a statement which is false commits a criminal offence punishable by a fine or imprisonment or both.**

# PERMIT

## ISLE OF MAN GAMBLING CONTROL COMMISSIONERS

### APPLICATION FOR A BOOKMAKERS PERMIT UNDER SCHEDULE 1 OF THE GAMING, BETTING AND LOTTERIES ACT 1988

Applicants are reminded that there is an **application fee payable for processing Permit applications** and that a cheque for the appropriate amount and made payable to "Isle of Man Government" should be submitted with your application.

Is the application for :- (please indicate)

**AN INDIVIDUAL**

**A PARTNERSHIP**

**A CORPORATE BODY**

Please state the name, address and telephone number and status of the person with whom the Commissioners should communicate about this application.

Name:
Status:
Address:
Post code:
Tel. No:

Until the appropriate fee has been paid, the application cannot be treated as having been made.

**PART A**

**TO BE COMPLETED ONLY IF THE APPLICATION IS BEING MADE BY AN INDIVIDUAL OR ON BEHALF OF A PARTNERSHIP**

1. Details of application, if an individual:

Full name	Address, post code and telephone number	Date of birth			Place and country of birth	National Insurance, Nationality or national identity numbers	Previous names (if applicable)	Have you been continuously resident in the Isle of Man throughout the last two years? (Yes or No)
		D	M	Y				

Note: If you have **not** been continuously resident in the Isle of Man for a period of two years please provide all addresses of residency within this period.

2. If the application is made on behalf of a partnership, please give the following details for all persons who are members of the partnership. If a partner is a limited company, write the name below, and also complete Part B of the form in respect of this company.

Full name	Address, post code and telephone number	Date of birth			Place and country of birth	National Insurance, Nationality or national identity numbers	Previous names (if applicable)	Have you been continuously resident the Isle of Man throughout the last two years? (Yes or No)
		D	M	Y				

Note: If either party have **not** been continuously resident in the Isle of Man for a period of two years please provide all addresses of residency within this period.

3. If the application is made on behalf of a partnership, please state in what proportion the financial interest is split between the partners: (The partnership deed, or a certified copy of it, should be attached).

Partners	Financial Interest

4. Is the business' carried on under a business name?

YES	NO
-----	----

If 'yes', please state full business name and address:

Name:	
Address:	
Post code:	Telephone:

5. Please give the name and address of the any accountants and advocates acting for the applicant.

Advocates Name:	Address and post code:
	Telephone:
Accountants Name:	Address and post code:
	Telephone:

6. Please give names and addresses of any lenders, mortgages, or other providing finance, and the terms under which they have undertaken to supply funds in respect of this application.

Name	Address	Account No./ Reference No.	Type of Facility	Repayment period	Repayment terms

7. Has any applicant named in this application ever been convicted of an offence or accepted a formal caution?

YES	NO
-----	----

If 'yes', please give details ie court at which convicted, date of conviction, offence and penalty.

COURT AND DATE	OFFENCE AND PENALTY

Please note all spent convictions must be revealed as provided for under The Rehabilitation of Offenders Act 2000 (Exceptions) Order 2001.

8. Is there any reason to believe that a prosecution against any applicant named on this form may be pending?

YES	NO
-----	----

If 'yes', please give details.

--

9. Has any applicant named on this form at any time previously applied for a Bookmakers Permit.

YES	NO
-----	----

If 'yes', please give date.

Date	
------	--

10. Has any one named on this application been the subject of a winding-up petition?

YES	NO
-----	----

If 'yes', please give details.

Date	Court	Petitioner	Disposition

11. Please give the name and address of the auditors.

Name:
Address:
Post code:
Telephone

12. Please list all bank accounts, including foreign accounts, held at any time during the last five years.

Bank	A/C No.	Sort Code	Address	Contact Name

13. Has any applicant named on this form ever been, or is it currently being, investigated by any statutory or government body in respect of any application or enquiry?

YES	NO
-----	----

If 'yes', please give details below:

Statutory body/Department

Address and post code

Date

Ref No



**PART B**

**TO BE COMPLETED IF THE APPLICATION IS BEING MADE BY A COMPANY OR BODY CORPORATE**

**THIS PART SHOULD ALSO BE COMPLETED IN RESPECT OF A COMPANY OR BODY CORPORATE WHICH IS A CONSTITUENT OF AN APPLICANT PARTNERSHIP**

14. Full name of company, firm etc.

15. Type of company (eg public, private, limited by share or guarantee).

16. Registered office and places of business of the company.

Registered office:	
Places of business:	

17. Incorporation number.

18. Date of incorporation (A copy of the Memorandum and Articles of Association must accompany this application)

19. Nominal capital	£ <input style="width: 90%; height: 20px;" type="text"/>
Par value of shares	£ <input style="width: 90%; height: 20px;" type="text"/>
Issued capital	£ <input style="width: 90%; height: 20px;" type="text"/>

20.a. Does the company hold an interest of 20% or more in any other company or undertaking? YES NO

If 'yes', please give the names of the other companies or undertakings, and the size of the holdings in each case.

Company/undertaking (please give place of incorporation, type of business, location and registration number).	Holding	%
Continued on separate sheet	YES	NO

b. Is the applicant company a parent company of a group of companies?

YES	NO
-----	----

If 'yes', please give details of all subsidiary companies in the form of a family tree. The Commissioners may request further details on any associated company.

21. Is the company a wholly or partly owned subsidiary of another company?

YES	NO
-----	----

If 'yes', please give details in the form of a family tree indicating the location of the applicant company. The Commissioners may request further details of any associated company.

22. Please list names, addresses and share holdings of shareholders holding 3% or more of the issued capital of the applicant, and the number of remaining shareholders.

YES	NO
-----	----

Name	Address and post code	Shareholding

Number of remaining shareholders

23. Please give names and addresses of any lenders, mortgages, or other providing finance, and the terms under which they have undertaken to supply funds in respect of this application.

Name	Address	Account No./ Reference No.	Type of Facility	Repayment period	Repayment terms

24. Has the applicant company or any other company named in this application, or any officer of such company while acting as such, ever been convicted of an offence or accepted a formal caution?

YES	NO
-----	----

If 'yes', please give details ie court at which convicted, date of conviction, offence and penalty.

**COURT AND DATE**

--

**OFFENCE AND PENALTY**

--

**Please note all spent convictions must be revealed as provided for under The Rehabilitation of Offenders Act 2000 (Exceptions) Order 2001.**

25. Is there any reason to believe that a prosecution against the applicant company or any of the named companies or officers may be pending?

YES	NO
-----	----

If 'yes', please give details.

--

26. Has any company, any associated company or officer of any company named on this form at any time previously applied for a Bookmakers Permit.

YES	NO
-----	----

If 'yes', please give date.

<b>Date</b>	
-------------	--

27. Has the company ever been the subject of a winding-up petition?

YES	NO
-----	----

If 'yes', please give details.

Date	Court	Petitioner	Disposition

28. Please give the name and address of the company auditors.

Name:
Address:
Post code:
Telephone

29. Please list all bank accounts, including foreign accounts, held by the company at any time during the last five years.

Bank	A/C No.	Sort Code	Address	Contact Name

30. Please list full names, addresses and dates of birth of all directors and the company secretary (please indicate who is company secretary).

Name	National Insurance Nationality or national Identity number	Date of birth			Address and post code
		D	M	Y	

Is the company secretary also a director?

YES	NO
-----	----

31. Has the applicant company or partnership ever been, or is it currently being, investigated by any statutory or government body in respect of any application or enquiry?

YES	NO
-----	----

If 'yes', please give details below:

Statutory body/Department

Address and post code

Date:/ Ref

32. Please give the name and address of the accountants and advocates acting for the applicant.

Advocates Name:	Address and post code:
	Telephone:
Accountants Name:	Address and post code:
	Telephone:

## PART C

### Further information and declaration

33. If there is any further information which you wish the Commissioners to take into account when considering your application for a Bookmakers Permit please give it below.

34.

Schedule 1 of the Gaming, Betting and Lotteries Act 1988 requires the Commissioners, in determining whether to issue a Bookmakers Permit, to take into consideration the character, reputation and financial standing of the applicant and of any other person by whom the application relates would be managed or for whose benefit it would be carried on. In the discharge of this duty, the Commissioners will seek information from the police and other parties about the applicant and such other persons, including details of any convictions they may have had. This does not absolve those concerned in the application from the duty of declaring any such conviction in full on this form or on their personal declaration forms.

The following declaration must be signed in all cases:

- a. if the applicant is an individual, by the individual himself;
- b. if the application is made on behalf of a partnership, by all the individuals who are partners and by both the secretary and a director (who is not also the secretary) of each company which is a partner;
- c. if the applicant is a company, by both the secretary and a director (who is not also the secretary) of the company.

**I/We certify to the best of my/our knowledge and belief that the information given in this application is complete and correct.**

Signed

Signed

Signed

Signed

Date: