



Newry and Mourne District Council
Building Control Department
Licensing Section
Monaghan Row
Newry
BT35 8DJ
TEL: 028 30313026 **FAX: 028 30313020**

**BETTING AND GAMING (NI) ORDER 2004 and BETTING, GAMING,
 LOTTERIES & AMUSEMENTS (NORTHERN IRELAND) ORDER
 1985**

Please Complete all Sections

1	<p>I/We hereby apply to NEWRY AND MOURNE DISTRICT 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: _____</p> <p>Address: _____</p> <p>Postcode: _____ Contact Tel No: _____</p>
1b	<p>Is admission to premises restricted to those aged 18 or over? YES: <input type="checkbox"/> NO: <input type="checkbox"/></p>
2	<p>The premises for which an Amusement Permit is sought will be: *delete either (a) or (b) and (c)(i) or (c)(ii) whichever is not applicable.</p>
(a)	<p>Premises used wholly or mainly for the provision of amusements by means of gaming machines- <i>see ref:2a</i> <input type="checkbox"/></p>
(b)	<p>Premises used wholly or mainly for the purpose of a pleasure fair consisting wholly or mainly of amusements – <i>see ref: 2b</i> <input type="checkbox"/></p> <p>Number of gaming machines applied for <input type="checkbox"/></p> <p>Number of non-gaming machines applied for <input type="checkbox"/></p>

(c) (i)	<p>Premises used for the provision of gaming machines with maximum all cash prize of £25 as defined by Article 108 (1) (CA) – <i>see ref 2c</i></p> <p>Number of gaming machines applied for <input type="text"/></p> <p>Number of non-gaming machines applied for <input type="text"/></p>
(c) (ii)	<p>Premises used for the provision of gaming machines with maximum all cash prize of £8 as defined by Article 108 (1)(c) – <i>see ref 2d</i></p> <p>Number of gaming machines applied for <input type="text"/></p> <p>Number of non-gaming machines applied for <input type="text"/></p>
3a	<p>Applicant: -<i>see ref 3a</i></p> <p>Surname: _____ Forenames: _____</p> <p>Address: _____ Postcode: _____</p> <p>_____ Tel: _____ Fax: _____</p>
3b	<p>If a Limited Company, - <i>see ref:3b</i></p> <p>Name of Company: _____ Company Secretary: _____</p> <p>Address (Registered Office): _____</p> <p>Postcode: _____ Tel: _____ Fax: _____</p> <p>Please Note: Otherwise provide the Name and Address of each Company member on a separate sheet of attached paper</p>
3c	<p>If a partnership, state the name and address of each member of the partnership -<i>see ref: 3b</i></p> <p>(1) Surname: _____ Forenames: _____</p> <p>Address: _____ Postcode: _____</p> <p>_____ Tel: _____ Fax: _____</p>

	(2) Surname: _____ Forenames: _____ Address: _____ Postcode: _____ Tel: _____ Fax: _____																									
4	State the Landlord/ Owner of the Premises to be licensed: - <i>see ref:4</i> Surname: _____ Forenames: _____ Address: _____ Postcode: _____ Tel: _____ Fax: _____																									
5	Name and address of the person managing the premises. <i>see ref 5</i> Surname: _____ Forenames: _____ Address: _____ Postcode: _____ Tel: _____ Fax: _____																									
6	Please state proposed hours of Opening – <i>see ref: 6</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>.....</td> <td>.....</td> <td>Thursday</td> <td>.....</td> </tr> <tr> <td>Tuesday</td> <td>.....</td> <td>.....</td> <td>Friday</td> <td>.....</td> </tr> <tr> <td>Wednesday</td> <td>.....</td> <td>.....</td> <td>Saturday</td> <td>.....</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Sunday</td> <td>.....</td> </tr> </tbody> </table>		From	To	From	To	Monday	Thursday	Tuesday	Friday	Wednesday	Saturday				Sunday
	From	To	From	To																						
Monday	Thursday																						
Tuesday	Friday																						
Wednesday	Saturday																						
			Sunday																						
7	Is there a valid fire certificate in force in respect of your premises? YES/NO – <i>see ref: 7</i> If Yes, on what date was it granted? ____ / ____ / ____																									
<p>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.</p> <p>Signed (1) _____ (2) _____ Date: _____</p>																										
<p>N.B If you require any further information or assistance in completing this application, please contact the Licensing Officer. Tel: (028) 3031 3026. He/She will be pleased to advise and assist you.</p>																										