

3. Details of Premises:

- ☐ Please tick this box to declare that the information below has not been subject to change since the previous application submitted

3.1 A description of the Nature, Locations and Dimensions of the premises

3.2 Operating Hours

Please indicate the proposed operational days of the week and opening hours of the proposed approved premises:
(Shall fall within parameters permitted by the law. from not earlier than 11:00am to not later than 11:00pm)

4. Declaration of Architect

I (Name and Surname) _____ as a qualified Architect and Civil Engineer, hereby declare on behalf of the Applicant:

That the proposed premises _____ (insert address) and located in _____ proposed to be used by the Class 3 Licensee, are compliant with the Gaming Devices Regulations and the Locations for Gaming Parlours Directive 2011, as well as with the parameters set therein.

Furthermore, I declare that the proposed lay out of the above captioned premises shall contain no more than one relevant gaming device per two square meters (2m²) of the area in which the playing of games through relevant gaming devices is designed to take place.

Please tick accordingly

- ☐ I am hereby attaching a site plan and the proposed internal lay out in respect of such proposed premises, indicating also the gaming devices proposed to be placed in the gaming area.
- ☐ I am hereby declaring that there has been no change from the Site Plan and Internal layout which were submitted with the Gaming Devices Premises Certificate of Approval Application Form

Date:

DD	MM	YY		

By signing this declaration I am agreeing to all of the above statements.

Signature _____

Date:

DD	MM	YY		

Office Address: _____

Contact Number: _____

Email Address: _____

5. Declaration of Applicant

I, (Name and Surname) _____ of Identity Card Number _____
and residing at _____, solemnly declare
that as the Class 3 Licensee / representative of the Class 3 Licensee (delete accordingly):

I have personally completed this Renewal Gaming Devices Premises Certificate of Approval Application Form (the 'Application Form') to which this Declaration is appended to.

The premises shall be operated, managed or otherwise controlled by fit and proper persons as deemed so by the Authority;

The premises shall have, as their sole and exclusive purpose, the offering of games provided through approved relevant gaming devices and, for the avoidance of doubt, the making available for use, hosting or operation of amusement machines shall, in no case, take place in such premises;

Any and all access points to the premises are located at a radial distance of not less than seventy five (75) metres from the respective entry points at the perimeter of such places, locations, premises or establishments as may be determined by the Authority from time to time by means of the Locations for Gaming Parlours Directive;

The premises shall have adequate restricted access controls in conformity with the Gaming Devices Regulations;

The premises shall be equipped with closed circuit television (CCTV) cameras which shall be in operation twenty-four hours a day, every day of the week, and on which all relevant gaming devices shall be clearly visible and footage shall be recorded by such CCTV cameras to be stored for a minimum of sixty (60) days;

I hereby certify that all statements contained in and attached to this Application Form are correct to the best of my knowledge and complete;

I confirm that all the information that I have submitted in support of this application is complete and true and that I understand that knowingly making a false statement for this purpose is tantamount to a criminal offence;

I understand that misrepresentation or failure to submit any information requested by the Lotteries and Gaming Authority (the 'Authority') shall be deemed as good and sufficient cause for a refusal to issue a Certificate of Approval being applied for or for an eventual revocation if such misrepresentation or failure is discovered at a later stage;

I understand that should the information provided in relation to this Application Form cease to be correct, or if there are any changes in the information provided in the Application Form, it is my responsibility to advise the Authority immediately. Failure to do so could result in any licence issued being reviewed and possibly suspended or revoked;

The Authority may request confirmation or further information from any appropriate third parties in respect of evidence or documentation I have provided in support of this Application Form. I agree to authorise the Authority to request and receive information from such third parties;

cont/d

By signing this declaration I am agreeing to all of the above statements.

Signature _____

Date:

DD	MM	YY		

Witnessed by: _____ at _____ this _____
(Name of Witness in block letters)

Signature of Witness _____

Capacity of Witness _____

6. Authorisation to Release Information

I, _____ (as the/on behalf of (delete accordingly) the Class 3 licence holder, identified in this Renewal Gaming Devices Certificate for Approval of Premises Application Form hereby declare that –

I understand that the Lotteries and Gaming Authority (the 'Authority') reserves the right to investigate all relevant data and facts to their satisfaction.

I authorise the Authority to conduct a complete and comprehensive investigation to determine the accuracy of all information gathered and I hereby release, waive, discharge and agree not to hold the Authority responsible for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries.

I authorise any person or entity contacted by the Authority to provide any and all such data deemed necessary by the Authority. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorisation, a financial record check may be performed.

I hereby authorise the lawful use, disclosure or publication of this data in accordance with all applicable laws including the Freedom of Information Act.

I understand that by signing this authorisation, I am giving my explicit consent to the Authority to collect and process personal data, including sensitive personal data which relates to the data subject/s involved in the operation of the applicant and I declare that I have the necessary powers to grant this authorisation.

Signature _____

Identity Card Number

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Date

DD	MM	YY			

Data Protection Clause

The Lotteries and Gaming Authority (the 'Authority') is a data controller under the terms of the Data Protection Act (Cap. 440 of the Laws of Malta). The information provided on this legal form will be processed for the purposes necessary for the Authority to carry out its functions and meet its legal obligations.

The data may be shared with third parties who fulfill a service on behalf of and under the express instructions of the Authority and other bodies where it is necessary to do so in order to carry out the Authority's functions and where the Authority is legally required or permitted to do so.

The Authority will not discriminate unfairly against any subject of a disclosure on the basis of conviction or other information revealed. However, the existence of a conviction for an offence deemed relevant by the Authority is a ground to refuse a licence.

Any material or information which you send to us and which we record will be treated as confidential and will only be disclosed to others where it is necessary to do so in order to carry out the Authority's

Enclosures

Documents which have been subject to change since last submission need not to be submitted again

Please mark the boxes if any of the following enclosures have been attached and indicate Number of Copies

- Certified True copy of the relevant MEPA permit issued in favour of the proposed premises
- a plan to scale of the premises
- diagrams that indicate clearly where the relevant gaming devices shall be located within the premises
- One time Approval Fee amounting to two thousand five hundred euro (€2,500) on first application or
- Annual fee of five hundred euro (€500)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Note – Your application will not be considered unless all relevant questions have been completed and the required documents submitted in full. Failure to provide the above information or to provide further information when requested by the Authority may result in your application being determined based on the information available to the Authority at the time, which may affect the outcome of your application.

Warning - Any misrepresentation in completing this form may render the attached Declaration Form void.