

# Jersey Gambling Commission

4<sup>th</sup> Floor, Osprey House, 5-7 Old Street

St. Helier, Jersey, JE2 3RG

Tel: +44 (0)1534 828 540



## APPLICATION FOR A GAMBLING MACHINE LICENCE

This application form is to be completed by all requiring a gambling machine licence in accordance with PART 2 Regulation 11 of the Gambling (Jersey) Law 2012. This application must be read in accordance with the **Policy and Code of Practice for Gambling Machines**.

If you have any queries about the application form and how to complete it, please contact +44 (0)1534 828 540 or [info@jgc.je](mailto:info@jgc.je)

### Name of Licensed Premises Applying for the Licence

--

#### Section 1 – Applicant Details

- 1 Name of the designated contact responsible for this application. All future correspondence relating to the application will be directed to this address.

Title

--

First name(s)

--

Surname

--

Address

--

Postcode

--

Office phone number  
(including area code)

--

Daytime phone number  
(including area code)

--

Email

--

## Section 2 – Organisation Details

2 Name of organisation  
(registered entity,  
individual or other)

--

3 Trading name (if  
different from above)

--

4 If the organisation is a registered business, complete the following:

JFSC Registration number  
Registered address


Postcode

--

5 If the organisation does not have a registered office or the head office is different  
from the registered address, complete the following in respect of the head office:

Building name  
Building number  
Street  
Town/city  
Postcode  
Country


### Section 3 – Supplier and Machine Details

6 Machine Supplier  
Name

**NOTE: If the applicant self-supplies, then please state “self-supply” and the applicant must also apply for a Machine Suppliers permit.**

7	What type(s) and how many machine(s) do you currently hold? (tick the appropriate category(ies) and specify the required quantity)			
	Gambling Machine Category 1 (No Fee)	<input type="checkbox"/>	Quantity	
	Gambling Machine Category 2 (No Fee)	<input type="checkbox"/>	Quantity	

**NOTE: The applicant may only hold a maximum of two (2) per premises.**

8	What type(s) and how many machine(s) are you applying for? (tick the appropriate category(ies) and specify the required quantity)			
	Gambling Machine Category 3 (see the Gambling Machines Fees Notice for the prescribed fee per machine)	<input type="checkbox"/>	Quantity	
	Gambling Machine Category 4 (see the Gambling Machines Fees Notice for the prescribed fee per machine)	<input type="checkbox"/>	Quantity	

**NOTE: The Commission may request proof of game/machine certification to satisfy itself that the machine and the games comply with the guiding principles. Machine or game testing remains the sole responsibility of the machine supplier.**

## Section 4 – Declaration

The following declaration must be signed in all cases:

- a) If the organisation is an individual, by that individual;
- b) If the application is made on behalf of a partnership, by all individuals who are partners;
- c) In any other case, by a duly authorised officer of the organisation.

Should the information provided in relation to this application form cease to be correct, it is the organisation's responsibility to advise the Jersey Gambling Commission immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly revoked.

The Jersey Gambling Commission may require confirmation or further information from third parties in respect of any evidence or documentation I/we have provided in support of this application. I/We agree to grant authorisation to the Jersey Gambling Commission officers to request and receive information about me/us from those third parties.

I/We understand that any misrepresentation or failure to provide information may be deemed sufficient cause for the refusal, to grant or revocation any licence.

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

a First name(s)  
Surname

Signed

Position in organisation  
Date


b First name(s)  
Surname

Signed

Position in organisation  
Date


## Section 5 – Data Protection

The Commission requires data regarding applicants (including lead executives and beneficiaries, where necessary) for the purposes set out in the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. As a competent authority listed in Schedule 1 of the Data Protection (Jersey) Law 2018, the Commission will primarily collect and process data and special category data necessary for the exercise of its public functions.

The Commission has produced a Privacy Policy for users and an Information Note. These are available on the website at the following link - <https://www.jgc.je/data-protection>. Please read them carefully.

## Section 6 – Payment Details

The completed application form and any attachments should be bound/stapled as a single document and be forwarded with the appropriate fee to:

Jersey Gambling Commission  
4th Floor, Osprey House  
5-7 Old Street  
St. Helier  
Jersey  
JE2 3RG

NOTE: Payment for licence fees should be sent by bank transfer to:  
The Jersey Gambling Commission  
HSBC  
Sort Code: 40-25-34  
Account no: 52474700 (Provide the applicant name as reference)

## Section 7 - Notes

The principal purpose of seeking the information required by this Application form is to provide core factual details, thereby enabling:

- Preliminary investigations in order to ascertain the full scope of its investigations; and
- Identify where further information will need to be requested and/or required.

Additional information may be sought by the Jersey Gambling Commission which may result in a visit to the premises or a meeting with the applicant.

If any details set out on this Application form change prior to the determination of this Application, you must notify the Jersey Gambling Commission in writing as soon as reasonably practicable.

Use BLOCK CAPITALS.

## Section 7 – continued

All dates should be in the form of Day / Month / Year (DD / MM / YYYY).

Answer every question, using N/A or NIL where applicable.

Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.

Please number, date and sign any additional attached pages to the application form.

Application processing will not commence until all initial requested documentation is received.

If you require any assistance or would like to discuss any part of the application form, please contact the Jersey Gambling Commission on +44 (0)1534 828540.