



# WESTERN CAPE GAMBLING AND RACING BOARD

## APPLICATION FOR BOOKMAKER PREMISES LICENCE IN TERMS OF SECTION 55A OF THE WESTERN CAPE GAMBLING AND RACING ACT, 1996 (ACT 4 OF 1996)

### INSTRUCTIONS

**PART 1&2:** must be completed by the applicant [Shareholder Key Employee(s)]

**PART 3:** must be completed if the applicant wishes to cease business on a licenced premises.

**PART 4:** must be completed if the applicant wishes to apply for a new licenced premises.

Answer every question fully and truthfully. Do not leave any blank spaces. If a question does not apply to you, indicate N/A (not applicable) in response to that question. All entries on this form must be typed or block-printed in black ink. If you need additional space to answer any question(s), please use a blank page(s) and attach such page(s) to this form.

### PART 1: DETAILS OF HOLDER OF BOOKMAKER LICENCE

#### 1. Particulars of company or close corporation [Licence Holder]

Registered Name : \_\_\_\_\_ Postal Address : \_\_\_\_\_  
Trading Name : \_\_\_\_\_  
Type of business : \_\_\_\_\_ Postal Code : \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Registered Address: \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

### PART 2: PERSONAL INFORMATION OF KEY EMPLOYEE(S)

#### 2.1 Personal Information [Key Employee(s)]

Surname : \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
First Names : \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
ID Number : \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Gams ID Number : \_\_\_\_\_  
Address : \_\_\_\_\_ Postal Code: \_\_\_\_\_  
\_\_\_\_\_

**2.2 Personal Information [Key Employee(s)]**

Surname : \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
First Names : \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
ID Number : \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Gams ID Number : \_\_\_\_\_  
Address : \_\_\_\_\_ Postal Code: \_\_\_\_\_

**2.3 Personal Information [Key Employee(s)]**

Surname : \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
First Names : \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
ID Number : \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Gams ID Number : \_\_\_\_\_  
Address : \_\_\_\_\_ Postal Code: \_\_\_\_\_  
\_\_\_\_\_

**PART 3: INFORMATION REQUIRED FOR CESSATION OF BUSINESS ON LICENCED PREMISES**

**3.(a) Particulars of licenced premises.**

Street Address : \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Postal Code : \_\_\_\_\_ Erf Number: \_\_\_\_\_  
Postal Address : \_\_\_\_\_ Legal description: \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

**(b) Particulars of licenced premises.**

Street Address : \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Postal Code : \_\_\_\_\_ Erf Number: \_\_\_\_\_  
Postal Address : \_\_\_\_\_ Legal description: \_\_\_\_\_  
\_\_\_\_\_

Postal Code : \_\_\_\_\_

**(c) Particulars of licenced premises**

Street Address : \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Postal Code : \_\_\_\_\_ Erf Number: \_\_\_\_\_  
Postal Address : \_\_\_\_\_ Legal description \_\_\_\_\_  
\_\_\_\_\_  
Postal Code : \_\_\_\_\_

(If more than three (3) premises, please provide details on attachment page)

**PART 3: INFORMATION REQUIRED FOR CESSATION OF BUSINESS ON LICENSED PREMISES.**

**3.1 Particulars of existing licenced premises on which business will no longer be conducted:**

Street Address : \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Postal Code : \_\_\_\_\_ Erf Number: \_\_\_\_\_  
Postal Address : \_\_\_\_\_ Legal description: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code : \_\_\_\_\_

Please provide reasons for ceasing to operate business:

\_\_\_\_\_  
\_\_\_\_\_

Date or proposed date on which the business will cease to operate: \_\_\_\_\_

**PART 4: INFORMATION REQUIRED FOR NEW PREMISES**

**4.1 Particulars of new premises**

Size in m<sup>2</sup> : \_\_\_\_\_ Street Address: \_\_\_\_\_  
Are you the owner/lessee?: \_\_\_\_\_  
If not name of owner : \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel & cell nr of owner : \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Tel & cell nr of agent : \_\_\_\_\_  
If leased, lease period: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Expiry date of lease: \_\_\_\_\_ Tel Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Current monthly rental: \_\_\_\_\_ Fax Number : ( \_\_\_\_\_ ) \_\_\_\_\_  
Annual escalation: \_\_\_\_\_ Erf Number : \_\_\_\_\_

Has a premises licence as contemplated in the Western Cape Gambling and Racing Act, Act 4 of 1996, or a similar licence ever been refused , suspended or revoked? .....Yes / No

If yes. Provide details:

---

---

#### 4.2 Particulars of new premises

Size in m<sup>2</sup> \_\_\_\_\_ Street Address: \_\_\_\_\_  
Are you the owner / lessee? \_\_\_\_\_  
If not, name of owner: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel. & Cell. nr of owner: \_\_\_\_\_ Postal Address : \_\_\_\_\_  
Tel. & Cell. nr of agent: \_\_\_\_\_  
If leased, lease period: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Expiry date of lease: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Current monthly rental: \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Annual escalation: \_\_\_\_\_ Erf Number: \_\_\_\_\_

Has a premises licence as contemplated in the Western Cape Gambling and Racing Act, Act 4 of 1996, or a similar licence ever been refused , suspended or revoked? .....Yes / No

If yes. Provide details:

---

---

#### 4.3 Particulars of new premises

Size in m<sup>2</sup>: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Are you the owner / lessee? \_\_\_\_\_  
If not, name of owner: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel. & cell. nr of owner: \_\_\_\_\_ Postal Address : \_\_\_\_\_  
Tel. & cell. nr of agent: \_\_\_\_\_

If leased, lease period: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Expiry date of lease : \_\_\_\_\_ Telephone Number : ( \_\_\_\_\_ ) \_\_\_\_\_  
 Current monthly rental: \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Annual escalation: \_\_\_\_\_ Erf Number: \_\_\_\_\_

Has a premises licence as contemplated in the Western Cape Gambling and Racing Act, Act 4 of 1996, or a similar licence ever been refused , suspended or revoked? .....Yes / No

If yes. Provide details:

\_\_\_\_\_  
 \_\_\_\_\_

(If more than three (3) premises, please provide details on attachment page)

**I hereby certify that the above – mentioned information is true and correct, that I have personally completed this Application Form and that no relevant information has been omitted in completing such.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Full names of signatory**

\_\_\_\_\_  
**Capacity of Signatory**

**The following must accompany this application form:**

- A. A fee of R8 630.00 is payable in terms of Section 32 of the Act.
- B. A deposit of R10 000, 00 is payable in terms of section 34 of the Act read with Regulation 27.

**C. Additional information and attachments required in terms of Section 42 of the Western Cape Racing and Betting Rules:**

- A signed copy of any lease agreement in respect of the premises;
- In the case of leased premises, a letter from the landlord furnishing its express consent for the establishment of the business of a bookmaker or totalisator;
- A noting sheet obtainable from the Surveyor-General’s office, clearly indicating physical address and erf numbers in respect of the premises;

- A floor plan of the premises, clearly indicating areas to be used for the purpose of betting;
- The applicant must post notices at police stations, libraries, the proposed site, and other similar community based facilities. In addition, places of worship and educational institutions within a 100 metres radius are approached for comments and/or objections.
- A letter from the local municipality or sub-structure, confirming -
  - Its consent for the establishment of the business of a bookmaker or totalisator, and
  - That the premises are correctly zoned in relation to its intended usage;
- A detailed explanation of the intended operation of the business in relation to –
  - Proposed cash, credit or account facilities;
  - The proposed number of terminals;
  - Additional businesses and/or services offered or to be offered on the premises, with specific reference to other gambling-related businesses already situated or intended to be located on the premises;
  - Where the sale of liquor is proposed in respect of the premises, an indication as to whether a licence has been applied for or issued by the appropriate authority;
  - The date on which trading is proposed to commence, and
  - Whether the proposed operation will be linked to a Wide Area Network, and if so, full details in respect thereof.

D. An annual investigation fee of R860 and annual licence fee of R350 are payable upon approval of each new premises licence.

**Please note that applicants must make themselves available for the purpose of a site inspection if required.**

**WESTERN CAPE GAMBLING AND RACING BOARD  
P.O. BOX 8175  
ROGGEBAAI  
8012**

**ATTACHMENT PAGE**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_



Western Cape Gambling and Racing Board

OBJECTION/COMMENT QUESTIONNAIRE

YOU ARE HEREBY NOTIFIED THAT ..... INTENDS TO (Name of Licence Holder)

ESTABLISH A BOOKMAKER/TOTALISATOR PREMISES AT ..... (Full Street Address)

You are hereby requested to complete this questionnaire, irrespective of whether you have any comments or objections to the above application.

Name of Tenant/Resident: .....

Address: .....  
.....  
.....

Tel: ( ) ..... Fax: ( ) ..... Cell: .....

Objections/Comments: [Yes] [No]

If yes, please detail and motivate your objections/comments:

.....  
.....  
.....  
.....  
.....  
.....

.....  
SIGNATURE

.....  
DATE