



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

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 licensed premises.
PART 4: must be completed if the applicant wishes to apply for a new licensed 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 LICENSED PREMISES.

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

Street Address : _____ Telephone Number: (_____) _____
_____ Fax Number: (_____) _____
Postal Code : _____ Erf Number: _____
Postal Address : _____

Please provide reasons for ceasing to operate business:

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

3.2 Particulars of existing licensed premises on which business will no longer be conducted:

Street Address : _____ Telephone Number: (_____) _____
_____ Fax Number: (_____) _____
Postal Code : _____ Erf Number: _____

Postal Address : _____

Postal Code : _____

Please provide reasons for ceasing to operate business:

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

3.3 Particulars of existing licensed premises on which business will no longer be conducted:

Street Address : _____ Telephone Number: () _____

_____ Fax Number: () _____

Postal Code : _____ Erf Number: _____

Postal Address : _____

Postal Code : _____

Please provide reasons for ceasing to operate business:

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

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

PART 4: INFORMATION REQUIRED FOR NEW PREMISES

4.1 Particulars of new premises

Size in m² : _____ 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 m² _____ 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 m²: _____ 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 **non-refundable** new licence **application fee** is payable in terms of Section 32 and 44 of the Act read with regulation 4 of the Western Cape Gambling and Racing Regulations (Fees and Costs), 2016: Amendment, 2019 ("the Regulations").
- B. A **deposit** is payable in terms of section 34 of the Act read with regulation 2 of the Regulations.
- C. **Additional information and attachments required** in terms of Rule 39 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 licence fee** and **annual investigation fee** is payable upon approval of each new premises licence in terms of Section 32 and 44 of the Act read with regulation 5 of the Regulations.

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

Western Cape Gambling and Racing Board

OBJECTION/COMMENT QUESTIONNAIRE

YOU ARE HEREBY NOTIFIED THAT INTENDS TO
(Name of Licence Holder)
 ESTABLISH A BOOKMAKER PREMISES AT.....

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

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.....
SIGNATURE

.....
DATE