



ALDERNEY

GAMBLING CONTROL COMMISSION

APPLICATION FORM FOR

**CHANGE TO HOSTING CERTIFICATE HOLDER'S**

**APPROVED PREMISES**

IN RESPECT OF

[ INSERT NAME OF APPLICANT ]

SECTION 1: CERTIFICATE HOLDER'S DETAILS

- (1) Name: \_\_\_\_\_
- (2) Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Nominated principal contact person: \_\_\_\_\_
- Tel: \_\_\_\_\_
- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_

**SECTION 2: PREMISES**

- (4) This application is for —  
\*(a) a modification to existing approved premises; or  
\*(b) approval of premises not currently approved; or  
\*(c) deletion of premises currently approved.  
[\* delete as appropriate]
- (5) Address(es) of premises in respect of which approval for change sought:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (6) Details of premises:  
*(4(a): in respect of the approved premises for which approval of a modification is sought, attach detailed plans of the layout of the premises identifying the change(s) being proposed; and provided details of any change(s) relating to security and facilities associated with hosting gambling equipment entailed in the proposed change(s))*  
*(4(b): in respect of each set of new premises for which approval is sought, attach a location map and detailed plans of the layout of the premises; where applicable, provide copies of planning consent authorising the use of the premises for the purposes envisaged; provide details relating to the security of the premises and the facilities at the premises associated with hosting gambling equipment)*

### **SECTION 3: FURTHER INFORMATION**

**(7) Further information:**

*(add such further information that you consider relevant to assist the Commission in determining your application)*

### **DECLARATION**

I have been duly authorised by the applicant to make this application on its behalf (see certified true copy of Minute attached).

I declare that the information contained in this application is true and accurate to the best of my knowledge, information and belief and that, if any of the information contained in or appended to this application is discovered to be false, I may be liable to prosecution.

Signature:

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Name (print):

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Date:

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The original completed application form and any attachments appended should be bound as a single document and, together with ONE unbound copy of the same, should be forwarded to:

Chief Inspector  
Alderney Gambling Control Commission  
St. Anne's House  
Queen Elizabeth II Street  
ALDERNEY  
GY9 3TB  
via United Kingdom

**NOTES TO APPLICANTS (to assist completion of application form)**

1. The principal purpose of seeking the information required by this application form is to provide the Commission with core basic factual details, thereby enabling it to:
  - make a preliminary assessment as to what investigations, if any, will be required; and
  - identify where further information will need to be requested and/or required.
2. Additional information may be sought by way of a meeting with an officer of the Commission and/or a visit to the premises concerned.
3. If any details set out on this application form change prior to the determination of this application, you must notify the Commission in writing as soon as reasonably practicable.
4. The information provided must be accurate and truthful. [NB section 24(1) of the Alderney eGambling Ordinance, 2009 creates an offence of making a false declaration or statement or giving false information for the purposes of satisfying a requirement under the Alderney eGambling Regulations, 2009.]
5. Wherever possible, use BLOCK CAPITALS.
6. All dates should be in the form Day / Month / Year.
7. Answer every question, using “N/A” or “NIL” where applicable.
8. Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.

