



Application for a Casino Licence

(Section 4 of the Casino Control Act No.6 of 1993)

<p><u>To Be Sent To:</u></p> <p>DIRECTOR OF CUSTOMS AND INLAND REVENUE PRIVATE MAIL BAG 9012 PORT VILA VANUATU</p> <p>Tel: (678) 33010 / 33091 Fax: (678) 22597</p>	<p style="text-align: center;">FOR OFFICIAL USE</p> <p>Date Received : ____/____/____</p> <p>Approved/Refused by Minister: _____</p> <p>_____</p> <p>Date: _____</p> <p>Amount of Licence Fee Paid: VT _____</p> <p>Receipt Number: _____</p> <p>Date: _____</p> <p>Casino Licence Number: _____</p> <p>Application CM Ref Number: _____</p>
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DETAILS OF APPLICANT.

1. Name of applicant:.....
2. Address:.....
3. Telephone:..... Fax:.....
4. Status of Applicant:.....
(Proprietor, Manager, Secretary, Director etc...)
5. Nationality of Applicant:.....Passport No:.....
6. Name of Proposed Casino Licence:.....
7. Business Constitution Type:.....
(Sole Trader, Partnership, Limited Company etc...)
8. Business or Trading Name:.....

Department of Customs and Inland Revenue

Taxpayer Services

Private Mail Bag 9012, Port Vila, Vanuatu

Telephone: (678) 33090 / 33091 or VoIP 2317

Email: irtps@vanuatu.gov.vu

Website: <https://customsinlandrevenue.gov.vu>



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**SERVICE DE LA DOUANE ET DES
CONTRIBUTIONS INDIRECTES**

9. Is this name registered with the Registrar of Business Name?

YES NO (Delete as appropriate)

Registration number:..... Expiry Date:.....

10. DETAILS OF FINANCIAL RESOURCES TO ENSURE THE FINACIAL VIABILITY OF THE CASINO. (A Joint Trust Account and or Bond and or Bank Guarantee may be required).

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11. Details of previous experience in the management and operation of a Casino and or details of any agreement to secure the service of a person who have sufficient experience in the management and operation of the Casino.

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12. Have you ever been convicted of a betting, Gaming, Casino, Customs or Tax Offence Either in Vanuatu or in an Overseas Country?

YES NO

(Delete as appropriate)

If yes, please attach statement giving full particulars of offence, conviction date, location and penalty imposed.

DETAILS OF PREMISES TO BE USED AS A CASINO.

13. Location:.....
(Street Name or Area)

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14. Description:.....
(Name of Resort, Hotel, Club or Building)

15. Name of Owner of Premises:.....
(If Limited Company state address of Registered Office)

16. Business licence number..... **Liquor Licence Number**.....

Do you submit monthly returns and pay Tax under the Hotel and Licenced Premises Act?

17. What part(s) and or Areas or Rooms of the Premises do you wish Designated as a Casino?
(Attach full details including layout plants / drawings).

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18. Details of the Precautions and exits installed or available on the Premises.

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19. Details of Security monitoring system (e.g. Cameras) Installed in the Casino.

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20. Description and type of Games, Gaming Equipment, Slot Machines, Gaming Tables to be operated: (Number of Machines and or Tables plus Name, Model and Serial Number).

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21. Do you own the above Gaming Machine / Tables / Equipment?

YES	NO
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(Delete as appropriate)

(If No please attached full details of any leasing agreements or other arrangements re-ownership).

22. Proposed commencement date of Casino Operations:.....

23. Period for which Casino Licence requested: From:.....**To:**.....

Declaration

I have read the Casino Control Act No. 6 of 1993 and undertake to abide by the provisions contained therein. I hereby declare to the best of my knowledge and belief the information provided on this application is true and correct.

Applicant Name

Applicants Signature

Date