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| **An Garda Síochána** **Gaming Permit Application****Gaming and Lotteries Acts 1956 - 2019** |

**NB: This form has been specified by the Minister for Justice under the provisions of section 9A of the Gaming and Lotteries Act 1956 as inserted by section 4 of the Gaming and Lotteries (Amendment) Act 2019.**

**An application will not be considered until such time as all the information required and requested by the Superintendent for the District where the premises to which the application is situated has been received.**

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| **Personal Identification Details** |
| **Surname:** |
| **First and Middle Name** |
| **Address of usual residence:** |
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| **County:** **Eircode:** |
| **Contact telephone number**: |
| **E mail address:** |
| **Date of Birth: (dd/mm/yyyy):**  |
| **Gender:** |
| **Applicant’s local Garda Station:** |

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| **Gaming Activity** |
| **Type and frequency of gaming activity proposed:** |
| **Date on which gaming activity is proposed to commence (dd/mm/yyyy):** **(n.b. this date must be at least 60 days from date of application)** |
| **Gaming promoted on behalf of (please indicate one only):*** Sports Club/Community Organisation: 
* Charitable/Philanthropic cause: 
* Promoter’s own benefit: 
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| **Name of Sports Club/Community Organisation or Charitable/Philanthropic cause:** |
| **Address of premises where gaming is to be promoted (if different to applicant’s address:** |
| **The hours during which gaming is proposed to be carried on:** |
| **Proposed price of ticket (€10 max):** |
| **Proposed value of prize (€3,000 max in any one or more of the same game):** |
| **How will stake and prize amounts, printer and name of the beneficiary be displayed:**On tickets/coupons etc.  At entrance to premises  Both  |
| **Have you previously held a lottery permit under the Gaming and Lotteries (Amendment) Act 1956 – 2019: No:** **Yes: (give details)** |

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| **Applicants Declaration:** |
| *I declare that the information I have provided in relation to this application for a Gaming Permit is true to the best of my knowledge. I understand that I may be liable to prosecution if I knowingly give false information.* *I understand that my details may be held on Garda records in accordance with the provisions of the Gaming and Lotteries Acts 1956 - 2019. I further understand that certain information provided in this application may be made available by way of a publically available register of Gaming Permits issued.**In signing this form I give my permission to An Garda Síochána to use the information provided by me to assess this application and carry out such further investigations and request such further information as may be necessary in the performance of this task.* *I further give permission for the information provided to be retained for such period as may be necessary to comply with the provisions of the Gaming and Lotteries Acts 1956 – 2019.***Applicants Signature:** **Print Name:****Date:** |

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| **For use by An Garda Síochána** |
| **Received by:****Station:****Date:** |