Commencement: 19 July 1993

CASINO (FORMS)

Order No. 25 of 1993

To prescribe certain forms for the purpose of the Casino Control Act [Cap. 223]

1. Interpretation
For the purpose of this Regulation "Act" means the Casino Control Act [Cap. 223]

2. Application form for a casino license
Every application for a casino license made to the Minister in accordance with section 4 of the Act shall be in the form set out in Schedule 1.

3. Form of the casino license
A casino license granted by the Minister in accordance with section 2 of the Act shall be in the form set out in Schedule 2.

SCHEDULE 1

REPUBLIC OF VANUATU

APPLICATION FOR A CASINO LICENSE	FOR OFFICIAL USE
(Section 4 of the Casino Control Act [Cap. 223] TO BE SENT TO: MINISTER OF FINANCE PRIVATE MAIL BAG 058 PORT VILA – VANUATU Tel. No. 23032 FAX (678) 25732	Date Received:…….. Approved/Refused by Minister: ……... Date: …… Amount of License Fee Paid: VT …….. Receipt Number: …… Date: …… Casino License Number: …….. Application CM Ref. No.: …….

DETAILS OF APPLICANT

1. NAME OF APPLICANT: ……...

2. ADDRESS: ……

   TELEPHONE:……... FAX: ……

3. STATUS OF APPLICANT: ……...
   (Proprietor, Manager, Secretary, Director etc.)

4. NATIONALITY OF APPLICANT: …… PASSPORT NO. ……...

5. NAME OF PROPOSED CASINO LICENSEE: ……

6. BUSINESS CONSTITUTION TYPE: ……..
   (Sole Trader, Partnership, Limited Company etc.)

7. BUSINESS OR TRADING NAME: ……..

   Is this name registered with the Registrar of Business Names ?

   YES/NO (delete as appropriate)

   Registration No: …….. Expiry Date: ……...

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

DETAILS OF PREVIOUS EXPERIENCE IN THE MANAGEMENT AND OPERATION OF A CASINO AND/OR DETAILS OF ANY AGREEMENT TO SECURE THE SERVICES OF PERSONS WHO HAVE SUFFICIENT EXPERIENCE IN THE MANAGEMENT AND OPERATION OF A CASINO.

……..
……..
……..
……...

10. 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

11. LOCATION: ……..
(Street Name or Area)

12. DESCRIPTION: ……
(Name of Resort, Hotel, Club or Building)

13. NAME OF OWNER OF PREMISES: ……
(If Limited Company state address of Registered Office)

14. BUSINESS LICENSE NO.: …… LIQUOR LICENSE NO.: ……..

DO YOU SUBMIT MONTHLY RETURNS AND PAY TAX UNDER THE HOTEL AND LICENSED PREMISES ACT?
……..

15. WHAT PART(S) AND OR AREAS OR ROOMS OF THE PREMISES DO YOU WISH DESIGNATED AS A CASINO?
(Attach full details including layout plans/drawings).
……..
……...
……...
……...
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……

16. DETAILS OF FIRE PRECAUTIONS AND EXITS INSTALLED OR AVAILABLE ON THE PREMISES:
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……

17. DETAILS OF SECURITY MONITORING SYSTEMS (EG. CAMERAS) INSTALLED IN THE CASINO:
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……
……

18. 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 Numbers)
……
……
……
……
……
……

19. DO YOU OWN THE ABOVE GAMING MACHINES/TALES/EQUIPMENT? YES/NO

If NO please attach full details of any leasing agreements or other arrangements re ownership.

20. PROPOSED COMMENCEMENT DATE OF CASINO OPERATIONS: ……...

21. PERIOD FOR WHICH CASINO LICIENSE REQUESTED: FROM: ……..…. TO: ……

DECLARATION

22. I HAVE READ THE CASINO CONTROL ACT [CAP. 223] AND UNDERTAKE TO ABIDE BY THE PROVISIONS CONTAINED THEREIN.

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE: ……

APPLICANT'S NAME: ……
(PLEASE PRINT)

DATE: ……

SCHEDULE 2

REPUBLIC OF VANUATU

(LOGO)

CASINO LICENSE	**NO.**	

(ISSUED UNDER SECTION 7 OF THE CASINO CONTROL ACT [Cap. 223])

Name of the Casino Licensee: ……...

Address in Vanuatu for Service of Documents: ……...
……...

Name of the Casino: ……
……...

Location of and those Areas Constituting the Casino Premises:
……...
……
……
……

Duration of License: From: ……. To: ……..

New/Renewal: ……

Terms and Conditions of Issue of License: ……...
……
……
……
……
……
……

Date of Issue: …….	
Amount of License Fee Paid: VT …….	
Official Government Receipt No.: ……	***ISSUING OFFICE STAMP***
Date of Expiration of License: ……..	
Name of Issuing Officer: ……	
Signature of Issuing Officer: ……..	