



APPLICATION FOR A TEMPORARY EMPLOYEE LICENCE

AN APPLICANT FOR A LICENCE HAS NO RIGHT TO BE AWARDED A LICENCE. ALL LICENCES ISSUED BY THE GAMING BOARD FOR THE BAHAMAS ARE CONTINGENT ON THE ONGOING SUITABILITY FOR LICENSING OF THE PERSONS TO WHOM THEY ARE ISSUED. IN EVERY CASE, THE APPLICANT BEARS THE ONUS OF PROVING FULL COMPLIANCE WITH ALL APPLICABLE QUALIFICATION CRITERIA.

Pursuant to Section 50 of the Gaming Act, 2014 (No. 40 of 2014), where an application for an employment licence has been submitted, and the applicant is able to show good cause for the issue of a temporary licence pending the grant or refusal of the licence applied for, the Board may issue a temporary employee licence.

PART A: TO BE COMPLETED BY THE APPLICANT:

1. PERSONAL INFORMATION

Name: _____				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of birth: _____ Place of birth: _____				
National Insurance/Social Security/or Similar No.: _____				
Passport No.: _____		Date of issue: ____/____/____		
Country of Citizenship: _____		Place of issue: _____		
Home address: _____				

Employer: _____		Employed since: _____		
Position held: _____		Position held since: _____		
Date Employee Licence Application Submitted: ____/____/____				

All correspondence must be addressed to:

The Secretary
Gaming Board for The Bahamas
4th Floor, Centreville House
2nd Terrace West & Collins Avenue
Nassau, BAHAMAS

For official/ use only

GB Ref. No.: _____

Insp. Sig.: _____

AUTHORISED SIGNATURE



FOR OFFICE USE ONLY	REFERENCE NUMBER

3. HAVE YOU EVER BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCES, EXCLUDING NON-MOVING TRAFFIC OFFENCES?

YES NO

If Yes, complete the table below:

JURISDICTION	NATURE OF OFFENCE	DATE OF CHARGE	OUTCOME (ACQUITTED, CONVICTED, DISMISSED ETC.)	SENTENCE (IF APPLICABLE)

PART B: TO BE COMPLETED BY THE EMPLOYER:

Address				
Contact Person:	Tel No	Fax No	Cellular No	E-mail address
1. Specify the nature of the permanent licence to be held by the Applicant and date of submission:	KEY EMPLOYEE* <input type="checkbox"/> Date: ___/___/___		GAMING EMPLOYEE* <input type="checkbox"/> Date: ___/___/___	
2. Provide a description of the duties to be performed by the Applicant:				
3. Provide detailed reasons to show the extent to which and or the reasons why: (a) the operation of the business of the licence holder will be seriously prejudiced by a delay in employing the applicant or by the interruption of his employment; and (b) the commencement of the employment or the continued employment of the applicant will not prejudice the integrity and proper operation of the business of the licence holder.				
4. Are you aware of any disqualifications to hold the licence applied for to which the Applicant is or may be subject?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If "YES" to Question 4, provide details:				
<i>*Attach proof of payment of new licence application fee submitted in respect of the Applicant.</i>				

 AUTHORISED SIGNATURE



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AFFIDAVIT

[To be signed and certified as true and correct in the presence of a Notary Public]

I, _____,

(Full name of Applicant)

Hereby -

- (a) declare that -
 - (i) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the Gaming Act, No. 40 of 2014;
 - (ii) I am the person identified in this form, and
 - (iii) I have personally completed this form and have supplied all the information indicated herein; and
- (b) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

This declaration was sworn before me at _____ on this _____ day of

_____, _____.

(Place Stamp Here)

NOTARY PUBLIC

My commission expires: _____

AUTHORISED SIGNATURE



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**AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION AND
INDEMNIFICATION**

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, tax collection authorities, law enforcement agencies, without exception both foreign and domestic and to whomsoever else this authorization may be duly presented.

AUTHORISATION

I, _____
(Surname)
(Other names)

(Address)

Date of Birth: _____ / _____ / _____ Personal Identity Number: _____

Nationality: _____ Passport Number: _____

Address for Tax Purposes: _____

Telephone: _____ E-mail _____

Applicant Entity (if authorising for an entity applicant): _____

Title, (if authorising for an entity applicant): _____

HEREBY AUTHORISE the Responsible Minister, the Secretary of the Gaming Board for The Bahamas the Commissioner of the Royal Bahamas Police Force or any person so designated in writing, pursuant to the provisions of the Gaming Act, 2014 (No. 40 of 2014) (hereinafter "the Act") (collectively the "Authorised Persons") -

1. to undertake any investigation concerning my eligibility qualification for a licence under the Act or, my suitability to be associated with a licence holder or applicant for a licence in terms of said Act;
2. on production of an original letter of authorisation, to inspect and obtain copies of:
 - (a) any credit report, other report, legal or personal information that has any bearing on my creditworthiness, credit history, credit standing or credit capacity;
 - (b) any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me;
 - (c) any records relating to investigations of my activities conducted by any local or overseas police force, crime investigation agency, corporate regulatory agency or any gambling or casino regulatory body;
 - (d) any court records relating to any present or past civil or criminal court proceedings to which I am or was a party; and
 - (e) any other document, record or correspondence pertaining to me.

ACKNOWLEDGEMENT

I understand that as an applicant for, or holder of, a license under the Act that I am obligated to timely pay to the Gaming Board all background investigation and regulatory investigative costs associated with licensure under the Act.

AUTHORISED SIGNATURE



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RELEASE

I hereby release, remise and forever discharge all Authorised Persons including the Responsible Minister, the Secretary of the Gaming Board for The Bahamas or any person so designated in writing, including the Commissioner of the Royal Bahamas Police Force or an Agent of the Gaming Board appointed pursuant to the Gaming Act, and any employee, member, subcontractor or representative of the Responsible Minister, the Secretary, the Royal Bahamas Police Force or an Agent, any source or person, including, but not limited to, law enforcement, criminal justice and regulatory agencies, from any damages, directly or indirectly, related to the request for or release of said information, any cause of action, suit, debt, judgment, execution, and/or other claims and demands whatsoever, known or unknown, in law or equity, that the undersigned ever had, now has, may have or claim to have against any or all of the entities or individuals receiving this Release Authorisation arising out of or by reason of the conduct of the investigation authorized herein or any action related to it. I hereby execute this Release with full authority to do so.

INDEMNIFICATION

I, with full authority to do so, hereby indemnify and hold harmless every Authorised Person, firm, company and/or government body including the Responsible Minister, the Secretary of the Gaming Board for The Bahamas or any person so designated in writing, including the Commissioner of the Royal Bahamas Police Force or an Agent of the Gaming Board appointed pursuant to the Act, and any employee, member, subcontractor or representative of the Responsible Minister, the Secretary, the Royal Bahamas Police Force or an Agent and any source or person to whom this Release Authorization is presented from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of, compliance with this Release Authorization.

You are **HEREBY AUTHORISED** to release to any Authorised Person presenting this Authorisation, all the documents, reports, records and information requested by him/her. A photo-static or e-mail copy of this Release Authorisation is as effective and valid as the original.

This authorisation shall supersede and countermand any prior request or authorisation to the contrary. A certified copy of this authorisation will be considered as effective and as valid as the original.

Grantor Signature: _____

Grantor's Spouse's Signature: _____

(If the grantor of this Release Authorisation is married at the time of filing and the license application is being filed in an individual capacity rather than as a representative of an entity applicant the individual's spouse must execute this Release Authorisation.

IN WITNESS WHEREOF, I have executed this request at _____, on this _____ day of _____, 20_____.

SIGNATURE OF APPLICANT

SIGNED AND SWORN TO before me, _____, this _____ day of _____, 20_____.

NOTARY PUBLIC/COMMISSIONER OF OATHS

Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.

AUTHORISED SIGNATURE