

# Gaming & Leisure Association of Ireland

## Application Form

**Organisation Name:** \_\_\_\_\_

**Organisation Structure:** \_\_\_\_\_  
(Sole Trader / Limited Company / Private Members  
Club / Combination )

**Location / Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Name(s):** \_\_\_\_\_  
( C.E.O / Owner(s) / Directors )

**Contact Phone Number:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_

**Contact E-Mail Address:** \_\_\_\_\_

**Operational Details (for information purposes only)**

**Do you operate PAYE for all Staff ?**      Yes                      No

**Employers Registration Number:** \_\_\_\_\_

**Number of Employees (Approx.)**

**Full time:** \_\_\_\_\_

**Part time:** \_\_\_\_\_

**Are you registered for VAT ?**              Yes                      No

**If Yes, on what basis do you return VAT?** \_\_\_\_\_

\_\_\_\_\_

**Are you land based Private Members Club or an On line service provider?** \_\_\_\_\_

**Please indicate the number and type of games currently operated by your organisation?**

Roulette      \_\_\_\_\_              Blackjack      \_\_\_\_\_

Brit Brag      \_\_\_\_\_              Punto Banko      \_\_\_\_\_

Other      \_\_\_\_\_              Poker Tables      \_\_\_\_\_

**Do you operate Slot Machines / electronic Poker / electronic Roulette Games, if so, please state nature of the game, how many machines, and if land based or on line?**

\_\_\_\_\_

\_\_\_\_\_

**Have you had a Revenue Audit (PAYE / VAT) in the last 18 months ?**      Yes      No

**Have you received a questionnaire from any Garda Department ?**      Yes      No

**Please state the age limit of members permitted access to your facility** \_\_\_\_\_

**Is alcohol available on your premises, and if so on what basis ?**

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**Have you any areas of concern you would welcome assistance on ?**

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**Are there any other issues confronting the industry which you think the Association should be aware of?**

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