



**OYO STATE GAMING LICENSE APPLICATION FORM.**

Please read the following instructions before completing this form

All relevant sections should be filled in **CAPITAL LETTERS** except when signing or providing an email address.

If there are any changes to your circumstances upon the grant of a license, or if any information contained within this form changes during the period between submitting your application and your application being determined, you must notify the Board within fourteen (14) days of its occurrence. Failure to comply would within this period will result to your application being deferred or disqualified or could result to suspension or revocation of your license.

Evidence of payment of registration/processing fee must be provided upon submission of this form with all supporting documents.

**Misrepresentation or supply of false information to the Board is a ground for disqualification of license application under Section 16 (3) Oyo State Gaming Law 2018.**

**GAMING CATEGORY**

**Please tick, which applies**

LOTTO/LOTTERY  SPORT BETTING  CASINO (A)  CASINO (B)  POOLS BETTING  GAMING MACHINE  OTHERS

**Note: Casino A –Hotels, Casino B-Stand Alone Casino**

**SECTION 1: Applicant's Details**

i. Please provide the name of the applicant applying for the license (the applicant must be a duly registered company in Nigeria):

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ii. Trading name (if different from above): \_\_\_\_\_

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iii. Registered Address: \_\_\_\_\_

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iv. Date of incorporation

**DD/MM/YYYY**

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v. Registration number \_\_\_\_\_

vi. Share capital \_\_\_\_\_

vii. Phone number (s) \_\_\_\_\_

viii. Email address \_\_\_\_\_

ix. Has the applicant ever been known by another name (e.g. aliases, previous names and organisation name changes etc.)?

Yes \_\_\_ (if Yes, please fill the following details) No \_\_\_ (if no, please move to the next question)

Previous name

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From (MM/YYYY): \_\_\_\_\_ To: (MM/YYYY) \_\_\_\_\_

x. Has the applicant previously applied for a license with the Board?

Yes \_\_\_ No \_\_\_ (if yes, please fill the following detail, if no, please move to the next question)

Date of application

**DD/MM/YYYY**

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Category of license previously applied for

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xi. Does the applicant, its directors (or any company in which the director acts as a director or shareholder) or organizations connected with it currently hold, previously held or have any application pending for a gaming license with the Board? Yes \_\_\_ No \_\_\_

(If yes, please complete the following details, if no, move to the next question)

Name of person or entity that holds/previously held/applied for the license

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Operator name in which the license is held/previously held/applied for

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Date of issue/application

**DD/MM/YYYY**

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xii. Does the applicant, its directors (or any company in which the director acts as a director or shareholder) or organizations connected with the applicant currently hold, previously held or have any application pending for a gaming license outside Oyo State?

Yes \_\_\_\_ No \_\_\_\_ (If yes, please complete the details below, if no, move to the next question)

Name in which the license is/was or will be held:

\_\_\_\_\_

Name of issuing body: \_\_\_\_\_

Type of license held: \_\_\_\_\_

License number: \_\_\_\_\_

State/Country: \_\_\_\_\_

Date of issue:

DD/MM/YYYY

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Date of expiry

DD/MM/YYYY

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Reason license is no longer held

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

xiii. How long has the applicant been in operation? \_\_\_\_\_

**xiv.** Is the applicant, any of its directors or management personnel affiliated with a political party?

Yes \_\_\_\_ No \_\_\_\_ (if yes, please give details below, use continuation sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**xv.** Is the applicant being funded by a political party or political office holder?

Yes \_\_\_\_ No \_\_\_\_ (if yes, please give details below, use continuation sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_







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Date of offence

DD/MM/YYYY

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Details of the offence including penalty and/or sentence issued and location of convicting court. Use a continuation sheet if necessary.

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Is the applicant, its directors, or any of its management personnel subject to a pending investigation by a statutory or regulatory body?

Yes \_\_\_ (please complete the following details) No \_\_\_ please move to the next question

Name of investigating body \_\_\_\_\_

Please provide details of the circumstances surrounding the investigation.

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**SECTION 5: Other Information**

Please provide details of any other information you believe the Board would reasonably expect notice of or you would like to be taken into account when considering this application.

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**SECTION 6: Contact Details**

Please provide the following contact details you want the Board to correspond with about this application. Please note that ALL correspondence and licenses relating to this application will be addressed to this person. The contact address provided in this section **MUST** be in Oyo State.

**Title:** Chief/Dr. /Mr. /Miss/Mrs. (strike out inappropriate option)

**Name (Surname First Name Other Names):**

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Office Address:**

\_\_\_\_\_

\_\_\_\_\_

**Mobile number:**

\_\_\_\_\_

**Work number:**

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**SECTION 7: Declaration**

The following declaration must be signed by one director and the company secretary or 2 directors.

We understand that any misrepresentation or failure to reveal information or grant any authorization requested or failure to notify the Board of change of circumstances contained in this form within the stipulated period may be deemed to be sufficient cause for the refusal, suspension or revocation of a license.

We certify to the best of our knowledge that the information given in this application is complete and correct in every respect and that all material information has been included. We agree to notify the Board should any of the information given in this application change.

**i. Title: Mr/Miss/Mrs. (strike out inappropriate option)**

Name (Surname/First Name/Other Names): \_\_\_\_\_

Position in the company: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**ii. Title: Mr/Miss/Mrs. (strike out inappropriate option)**

Name (Surname/First Name/Other Names): \_\_\_\_\_

Position in the company: \_\_\_\_\_

Signature & Date: \_\_\_\_\_



**PLEASE NOTE that your application will not be processed unless all relevant sections in this form have been completed and the registration/processing fee has been paid in full.**

**All supporting documents must be attached to this application as failure to do so will result in your application being delayed or determined based on the information we have available which may affect the decision on whether a license can be granted.**

**The Board requires a minimum of 10-14 working days to conduct due diligence exercise on every application and the applicant will be required to make a presentation to the Board**