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GOVERNMENT OF SAMOA

**Gambling Control Authority**

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PO Box 3075

Apia, SAMOA

Samoa

**SALES PROMOTION SCHEME (SPS) LICENSE APPLICATION FORM**

|  |  |
| --- | --- |
| **Date** |  |
| **Received by:****LRC Officer’s Name** |  |
| **Application Fee & receipt No** |  |

|  |  |
| --- | --- |
| **Name of Business/Company:** |  |
| **Address:** |  |
| **Telephone/Mobile:** |  |
| **Email:** |  |

**1. Application is for a Sales Promotion Scheme License;**

|  |  |
| --- | --- |
| **Name of Promotion:** |  |
| **Start Date:** |  |
| **End Date:** |  |
| **Other:** |  |

**2. I have included copies of;**

|  |  |
| --- | --- |
| **Authorized Purpose Statement** |  |
| **Terms & Conditions**  |  |
| **Valid business license**  |  |
| **Other relevant documents** |  |
|  |  |

**3. Names of Personnel and contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Address** | **Mobile contact** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**4. Designate Personnel in charge**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Mobile contact:** |  |

**5. Authorized Purpose Statement**

*State the specific purpose to which the entire net proceeds from game of chance are to be devoted*

|  |
| --- |
|  |
|  |
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**6. Method/Platform Used for Draw**

*State clearly how the winners are drawn*

|  |
| --- |
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|  |

**7. Schedule of Draw**

*Provide details of the sales promotion scheme draw schedule*

|  |  |  |  |
| --- | --- | --- | --- |
| **Draw Period** | **Draw Date** | **Time** | **Location** |
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**8. Schedule of Prizes**

*A description of prizes to be offered and given in all of the games listed in this application is as follows. For cash prizes state the amount, for merchandise, describe the article and state the retail value, if prizes are to be donated, indicate that fact and provide estimate value.*

|  |  |
| --- | --- |
| **Description of Prize Amount for cash** **or merchandise** | **Retail value** |
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**9. SPS Category & Licensing Fees**

|  |  |  |
| --- | --- | --- |
| **Category** | **Total Prize Value** | **Fees** |
| **1** | **< $15000** | **$345** |
| **2** | **$15001 > $35000** | **$575** |
| **3** | **$35001 > $65000** | **$1150** |
| **4** | **$65001 upwards** | **$2300** |
|  |  |  |
| **Application Fee** |  | **$34.50 VAGST inclusive** |
| **Urgent Fee\*** |  | **$230 VAGST inclusive** |
|  |  |  |

***\* Applications received within 5 working days from SPS start date***

**Application Summary (Office Use Only)**

|  |  |  |
| --- | --- | --- |
| **Information required** | **Observations** | **Recommendation** |
| 1. **(a) New license**
 |  |  |
| **2. Authorized Purpose Statement** |  |  |
| **3. Names of officers/board members** |  |  |
| **4. Designate Contact Person**  |  |  |
| **5. Venue and location** |  |  |
| **6. Dates and hours** |  |  |
| **7. Schedule of Prizes** |  |  |
|  |  | **APPROVED** |

**STATUTORY DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solemnly declare that the particulars contained in this form are true and correct in every detail and fully disclose the information required to complete this form.

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

GCA Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Disclaimer:***

***The information contained in this form (including attachments) is intended for ‘OFFICE USE ONLY’ and will be treated as ‘CONFIDENTIAL’ to protect the interest of the applicant and any other third party to this application.***