

These forms cannot be altered in any way



**BELIZE
GAMING CONTROL BOARD
GAMING PREMISES QUARTERLY REPORT
FOR PERIOD (state months and year covered)**

This report must be submitted to the Ministry of Economic Development with one (1) month of the end of the stated period. (Quarters are as follows: January-March; April-June; July-September; and October-December)

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1. GENERAL INFORMATION

COMPANY NAME:

CONTACT PERSON AND POSITION:

PHONE/FAX/EMAIL/WEBSITE:

MAILING ADDRESS:

EXACT LOCATION/DISTRICT:

NUMBER OF YEARS OPERATING AS GAMING PREMISES (CASINO):

NAME OF OWNER(S) PRINCIPALS AND NATIONALITY AND PERCENTAGE OF SHARE PER PRINCIPAL: _____

(Please fill out)

2. STATISTICAL INFORMATION FROM CASINO

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CAPITAL INVESTMENT:

(Indicate the value of capital investments for the Casino for the following periods)

<i>Period</i>	<i>BZ\$</i>
(State Year)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	

DONATIONS:

(Indicate the total value of donations made by the casino and to whom they were given for the following periods)

<i>Period</i>	<i>Total Donations Made</i>	<i>Recipient of Donation</i>
(State Year)	BZ\$	
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

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Total		
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TOTAL OPERATING COST FOR CASINO EXCLUDING CAPITAL INVESTMENT:

<i>Period</i> (State Year)	<i>BZ\$</i>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	

GAMING MACHINES AND TABLES:

<i>Type</i>	<i>Quantity</i>
Gaming machines on floor	
Gaming machines in storeroom	
Gaming tables on floor	
Gaming tables in storeroom	

REVENUES FROM CASINO:

Gaming Machine Revenues

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<i>Period</i>	<i>Total Drop</i>	<i>Total Credits</i>	<i>Total Payouts</i>	<i>Total Fills</i>	<i>Total Win</i>
(State Year)	BZ\$	BZ\$	BZ\$	BZ\$	BZ\$
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

(Please attach and also submit electronically monthly information per gaming machine on the floor including: 1) location; 2) manufacturer; 3) serial number; 4) model; 5) drop; 6) payout and win amounts and percentages; 7) credits and fills 8) theoretical win amounts and percentages; and 9) differences between theoretical and actual win amounts and percentages.)

Payouts: (Gaming Machines)

<i>Period</i>	<i>Total Payout less than \$1,000.00</i>	<i>Total Payout more than \$1,000.00</i>
(State Year)	BZ\$	BZ\$
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		

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November		
December		
Total		

Live Game Revenues

(A TABLE SHALL BE FILLED OUT FOR EACH LIVE GAME)

<i>Period</i>	<i>Total Drop</i>	<i>Total Credits</i>	<i>Opener</i>	<i>Closer</i>	<i>Total Fills</i>	<i>Total Win</i>
(State Year)	BZ\$	BZ\$	BZ\$	BZ\$	BZ\$	BZ\$
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						

(Please attach and also submit electronically monthly information per live game table including: 1) Identification of table and game; 2) drop; 3) payouts; 4) credits; 5) fills; and win.

Payouts: (Live Game Tables)

<i>Period</i>	<i>Total Payout less than \$1,000.00</i>	<i>Total Payout more than \$1,000.00</i>
(State Year)	BZ\$	BZ\$
January		
February		
March		

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April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		

TOTAL FOREIGN EXCHANGE GENERATED FROM CASINO SERVICES:

<i>Period</i> (State Year)	<i>US\$</i>
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total for year	

BANKING ACCOUNTS AT THE FOLLOWING BANKS:
(Please indicate the names of the banks)

EMPLOYMENT FROM CASINO

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CASINO CURRENT EMPLOYMENT	MALE	FEMALE	TOTAL
No. Of Employees			
Belizean Nationals			
Non- Nationals			
No. Of work Permits obtained			

WAGES / SALARIES FROM CASINO

<i>Period</i>	Total wages paid in BZ\$	Total paid to Social Security in BZ\$	Total paid to Income Tax in BZ\$
(State Year)			
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total for year			

CASINO PERSONNEL

(Please provide a complete list of names, nationality and positions of personnel in descending order, i.e. from managers to waitresses)

3. STATISTICAL INFORMATION FROM HOTEL

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HOTEL INFORMATION

<i>Type</i>	<i>Quantity</i>
Number of rooms	

Please attach additional information if necessary

INVESTMENT ON HOTEL

(Indicate the value of capital investment for hotel the following periods)

<i>(State months)</i>	<i>BZ\$</i>

TOTAL OPERATING COST FOR HOTEL EXCLUDING CAPITAL INVESTMENT:

<i>(State months)</i>	<i>BZ\$</i>

REVENUES FROM HOTEL

<i>(State months)</i>	<i>BZ\$</i>

EMPLOYMENT FROM HOTEL

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CASINO CURRENT EMPLOYMENT	MALE	FEMALE	TOTAL
No. Of Employees			
Belizean Nationals			
Non- Nationals			
No. Of work Permits obtained			

WAGES / SALARIES FROM HOTEL

Period	Total wages paid in BZ\$	Total paid to Social Security in BZ\$	Total paid to Income Tax in BZ\$

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**3. STATISTICAL INFORMATION FROM OTHER SERVICES OFFERED BY
THE PREMISES, I.E. RESTAURANT, BAR ETC**

SPECIFY TYPES OF SERVICES OFFERED

<i>Types of Services</i>	<i>Employment provided by Service</i>

CAPITAL INVESTMENT ON OTHER SERVICES

<i>Period</i>	<i>BZ\$</i>

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4. REPORT ON CONDUCT, PROGRESS AND PLANS OF THE COMPANY:

(1) *Achievements*

(2) *Challenges encountered by the company.*

(3) *Short term future plans for the enterprise.*

(4) *Skills/human resources needed for the operation and development of the company.*

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**I(name)-----on behalf of (Company Name) -----
and in fulfillment of the conditions of the SECOND SCHEDULE (Regulations 9)
Gaming Premises Licence as outlined in the Gaming Control (General Regulation of
Licensed Gaming Premises) Regulations, 2000, do hereby certify that the above
information is true and correct to the best of my ability and knowledge.**

Signature: -----

Position: -----

Date: -----

DO NOT WRITE BELOW THIS LINE

FOR MINISTRY'S USE ONLY:

COMMENTS AND RECOMMENDATIONS