

**AMUSEMENT GAME CENTRES ORDINANCE (CAP. 435)**

**APPLICATION FOR AMUSEMENT GAME CENTRE LICENCE**

(Please read the notes attached before completing your application)

**A. Particulars of Applicant**

1. Name of Applicant : (Mr./Mrs./Miss/Ms.\*) \_\_\_\_\_

2. Name in Chinese : \_\_\_\_\_ 3. HKID Card No.: \_\_\_\_\_

4. Age : \_\_\_\_\_ 5. Occupation: \_\_\_\_\_

6. Residential Address : \_\_\_\_\_  
\_\_\_\_\_

7. Name of Firm : \_\_\_\_\_

8. Office Address : \_\_\_\_\_

9. Telephone No.: Home: \_\_\_\_\_ Office: \_\_\_\_\_

10. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_ Contact Telephone No.: \_\_\_\_\_

11. Have you ever been convicted of any offence(s)?

No.

Yes. (Give details of the dates(s) of conviction, offence(s) and penalty)

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

12. Have you ever applied for any Amusement Game Centre Licence(s)?

No.

Yes. (Give details of the application(s) including date(s) and proposed premise(s))

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

\* Delete if not applicable

Tick (✓) as appropriate

13. Have you ever held any Amusement Game Centre Licence(s)?

- No.
- Yes. (Give details of the licence(s) including address of licensed premises and period of licence held)

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14. Have you had any experience in operating or working in an amusement game centre?

- No.
- Yes. (Give details)

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See 15. Status of Applicant in the proposed business:

Note(1)

- Sole proprietor
- Employee on behalf of :
  - a sole proprietorship
  - a partnership
  - a body corporate
  - others (Please specify) \_\_\_\_\_

and the applicant's position is \_\_\_\_\_

- Partner on behalf of a partnership
- Director/shareholder on behalf of a body corporate
- others (Please specify) \_\_\_\_\_

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- Tick (✓) as appropriate

**B. Details of Ownership**

16. Particulars of the employer/partners/shareholders/directors mentioned in item (15) are :

	<u>Name (use supplementary sheets if necessary)</u>	<u>HKID Card No.</u>
<input type="checkbox"/> Employer :	_____	_____
<input type="checkbox"/> Partners :	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Shareholders :	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Directors :	_____	_____
	_____	_____
	_____	_____

See 17. Name of Business : \_\_\_\_\_

Note(2) 18. Business Registration No.: \_\_\_\_\_

**C. Details of Application**

19. Address of the Proposed Premises : \_\_\_\_\_  
\_\_\_\_\_

20. Type of Centre :

- For persons of the age of 16 years or above
- For persons under the age of 16 years

21. Proposed Number / Type of Machine :

<input type="checkbox"/> Upright :	_____	(Please specify the numbers)
<input type="checkbox"/> Cockpit :	_____	( " " )
<input type="checkbox"/> Special :	_____	( " " )
<input type="checkbox"/> Table :	_____	( " " )

Tick (√) as appropriate

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

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

### **WARNING**

Any person who furnishes any information which he knows or has reason to believe to be false in any material particular or by reason of the omission of any material particular or furnishes any information without any belief in the truth or accuracy of the information supplied shall be guilty of an offence under the Amusement Game Centres Ordinance (Cap. 435) and may prejudice the application and the public officer appointed by the Secretary for Home and Youth Affairs may invoke Section 9(2)(b) of the said Ordinance to revoke the licence even after the application for grant of licence has been approved.

### **Notes**

- (1) The application should be made by the proposed licensee personally.
- (2) State the name under which the business is carried out according to the business registration.
- (3) The personal data provided by you on this application will be used for the following purpose :
  - (a) to facilitate assessment of the application for grant of licence;
  - (b) to facilitate enforcement of the laws, regulations or conditions in respect of the licence;  
and
  - (c) to facilitate communication between Government and yourself on your application and other relevant licensing matters.

The form must be completed in full. If you do not provide sufficient information, we are unable to process your application.

- (4) The personal data you provide may be transferred to other Government bureaux and departments for the purposes mentioned in paragraph (3) above.
- (5) For correction of or access to personal data given by you in this form, please contact the Licensing Officer (Amusement)11 at 2116 5137.

Office of the Licensing Authority  
Home Affairs Department  
July 2022

To: The public officer appointed by the Secretary for Home and Youth Affairs

**Application for Amusement Game Centre Licence  
at**

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I, being the registered owner of the premises at \_\_\_\_\_

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hereby consent to the public officer appointed by the Secretary for Home and Youth Affairs, staff of the Home Affairs Department and the other concerned Government departments entering and inspecting the premises at the captioned address in connection with the application for an amusement game centre licence submitted by Mr./Mrs./Miss/Ms.\*

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

Name : \_\_\_\_\_

HKID Card No. : \_\_\_\_\_

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

\* Delete if inappropriate

To: The public officer appointed by the Secretary for Home and Youth Affairs

**Application for Amusement Game Centre Licence  
at**

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In connection with my application for an amusement game centre licence at the above premises, I hereby authorize the Commissioner of Police to release full particulars of my criminal convictions (if any) to the public officer appointed by the Secretary for Home and Youth Affairs and staff of the Home Affairs Department.

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

Name : \_\_\_\_\_

HKID Card No. : \_\_\_\_\_

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

To: The public officer appointed by the Secretary for Home and Youth Affairs

**Application for Amusement Game Centre Licence  
at**

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I hereby consent to the public officer appointed by the Secretary for Home and Youth Affairs and staff of the Home Affairs Department entering information relating to my application (including my name and address of the proposed premises) in the register to be displayed at the reception counter of the Office of the Licensing Authority of the Home Affairs Department for public inspection.

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

Name : \_\_\_\_\_

HKID Card No. : \_\_\_\_\_

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