

## Application for a premises licence under the Gambling Act 2005 (standard form)

## PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

Where the application is—

- In respect of a vessel, or
- To convert an authorisation granted under the Betting, Gaming and Lotteries Act 1963 or the Gaming Act 1968,

diantian aboutd be made

the application should be made on the relevant form for that type of premises or application.				
Part 1 – Type of premises lice	ence applied for			
Regional Casino 🗌	Large Casino 🗌	Small Casino		
Bingo	Adult Gaming Centre	Family Entertainment Centre		
_	<del>-</del>	ranning Entertainment Centre		
Betting (Track)	Betting (Other)			
Do you hold a provisional state	· · · · · · · · · · · · · · · · · · ·			
		er for the provisional statement (as		
set out at the top of the first pag	ge of the statement):			
Part 2 – Applicant Details				
If you are an individual, please fill in Section A. If the application is being made on behalf of an				
organisation (such as a company or partnership), please fill in Section B.				
Section A				
Individual applicant				
пиниции принцин				
1. Title: Mr 🗌 Mrs 🗌 Miss 🔲 I	Ms	cify)		
	vis 🔲 Di 🔲 Other (please spec	City)		
2 0	Otherne	(-).		
2. Surname:	Other name			
[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]				
operating licence, as given in a	ny application for an operating l	iicericej		

3. Applicant's address (home or business – [delete as appropriate]):
Postcode:
4(a) The number of the applicant's operating licence (as set out in the operating licence):
4(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:
5. Tick the box if the application is being made by more than one person.   [Where there are further applicants, the information required in questions 1 to 4 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]
Section B Application on behalf of an organisation
<ul><li>6. Name of applicant business or organisation:</li><li>[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence.]</li><li>7. The applicant's registered or principal address:</li></ul>
Postcode:
8(a) The number of the applicant's operating licence (as given in the operating licence):
8(b) If the applicant does not hold an operating licence but is in the process of applying for one, give the date on which the application was made:
9. Tick the box if the application is being made by more than one organisation.
[Where there are further applicants, the information required in questions 6 to 8 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

## Part 3 – Premises Details

10. Proposed trading name to be used at the premises (if known):

11. Address of the premises (or, if none, give a description of the premises and their location):				
Postcode:				
	one number at prei	mises (if known):		
example, a	shopping centre o	r office block). The	g, please describe the nature of the building (for e description should include the number of floors premises are located.	
14(a) Are the premises situated in more than one licensing authority area?  Yes/No [delete as appropriate]				
14(b). If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises are partly located, <b>other than the licensing authority to which this application is made:</b>				
Part 4 – Ti	mes of operation			
15(a). Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods than would otherwise be the case? Yes/No [delete as appropriate] [Where the relevant kind of premises licence is not subject to any default conditions, the answer to				
this question will be no.] 15(b). If the answer to question 15(a) is yes, please complete the table below to indicate the times				
when you want the premises to be available for use under the premises licence.				
	Start	Finish	Details of any seasonal variation	
Mon	hh:mm	hh:mm		
Tue				

Wed
Thurs
Fri
Sat
Sun

periods in a year, please state the periods below using calendar dates:

Part 5 – Miscellaneous			
17. Proposed commencement date for licence (leave blank if you want the licence to comme soon as it is issued): (dd/mm/yyyy)	nce as		
18(a). Does the application relate to premises which are part of a track or other sporting venu which already has a premises licence? Yes/No [delete as appropriate]	ıe		
18(b). If the answer to question 18(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application.			
19(a). Do you hold any other premises licences that have been issued by this licensing author	ority?		
Yes/ No [delete as appropriate]			
19(b). If the answer to question 19(a) is yes, please provide full details:			
20. Please set out any other matters which you consider to be relevant to your application:			
Part 6 – Declarations and Checklist (Please tick)			
I/ We confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ We understand that it is an offence under section 342 of the Gambling Act 2005 to give information which is false or misleading in, or in relation to, this application.			
I/ We confirm that the applicant(s) have the right to occupy the premises.			
Checklist:			
Payment of the appropriate fee has been made/is enclosed			
A plan of the premises is enclosed			
<ul> <li>I/ we understand that if the above requirements are not complied with the application may be rejected</li> </ul>			
<ul> <li>I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities</li> </ul>			

Part 7 Cignotures					
Part 7 – Signatures	babalf				
21. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on of the applicant, please state in what capacity:	benaii				
Signature:					
Oignature.					
Print Name:					
Date: (dd/mm/yyyy) Capacity:					
22. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other auth agent. If signing on behalf of the applicant, please state in what capacity:	orised				
Signature:					
Print Name:					
Date:(dd/mm/yyyy) Capacity:					
[Where there are more than two applicants, please use an additional sheet clearly marked					
"Signature(s) of further applicant(s)". The sheet should include all the information requested	in				
paragraphs 21 and 22.]					
[Where the application is to be submitted in an electronic form, the signature should be gene electronically and should be a copy of the person's written signature.]	rated				
electronically and should be a copy of the person's written signature.					
Part 8 – Contact Details					
23(a) Please give the name of a person who can be contacted about the application:					
23(b) Please give one or more telephone numbers at which the person identified in question can be contacted:	23(a)				
24 Postal address for correspondence accepiated with this application.					
24. Postal address for correspondence associated with this application:					
Postcode:					
25. If you are happy for correspondence in relation to your application to be sent via e-mail, p	olease				
give the e-mail address to which you would like correspondence to be sent:					