

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,

the application should be made on the relevant form for that type of premises or application.

Part 1 – Type of premises	icence applied for		
Regional Casino	Large Casino 🗌	Small Casino 🗌	
Bingo 🗌	Adult Gaming Centre 🗌	Family Entertainment Centre 🗌	
Betting (Track)	Betting (Other)		
Do you hold a provisional statement in respect of the premises? Yes \(\subseteq \text{No } \subseteq \) If the answer is "yes", please give the unique reference number for the provisional statement (as set out at the top of the first page 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			
1. Title: Mr 🔲 Mrs 🗌 Miss [☐ Ms ☐ Dr ☐ Other (please spe	cify)	
2. Surname:	Other name	e(s):	
[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]			

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		
 6. Name of applicant business or organisation: [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.] 7. The applicant's registered or principal address: 		
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".]		

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:
12. Telephone number at premises (if known):
13. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the 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, other than the licensing authority to which this application is made:

Part 4 – Times of operation

Part 3 - Premises Details

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			
16. If you wish to apply for a premises licence with a condition restricting gambling to specific 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 comsoon as it is issued): (dd/mm/yyyy)	imence as	
18(a). Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence? Yes/No [delete as appropriate]		
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 a	uthority?	
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	1 :	
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		
 I/ we understand that if the above requirements are not complied with the application may be rejected 		
 I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities 		

•	of applicant or applicant's soli nt, please state in what capaci	citor or other duly authorised agent. If signing on behalf ity:
Print Name:		
Date:	(dd/mm/yyyy)	Capacity:
	pplications, signature of 2nd a ng on behalf of the applicant, p	applicant, or 2nd applicant's solicitor or other authorised blease state in what capacity:
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 generated electronically and should be a copy of the person's written signature.]		
Part 8 - Cont	act Details	
23(a) Please (give the name of a person who	o can be contacted about the application:
23(b) Please (can be contact		umbers at which the person identified in question 23(a)
24. Postal add	dress for correspondence asso	ociated with this application:
Postcode:		
		relation to your application to be sent via e-mail, please like correspondence to be sent:

Part 7 – Signatures

Privacy notice

We will use the information provided by you for assessing your application. The basis under which the Council uses personal data for this purpose is a Legal Obligation.

The information that you have provided will be kept in accordance with the Council's retention schedule which can be found at www.mansfield.gov.uk/Privacy

The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection Officer (DPO) can be found on the Council's detailed privacy notice which can be found at www.mansfield.gov.uk/Privacy or requesting a copy by writing to:

The Data Protection Officer Mansfield District Council Chesterfield Road South Mansfield Nottinghamshire NG19 7BH.