

## **Gambling Act 2005**

## **SCHEDULE 1**

## PART 1

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 complete 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.

or application.
Part 1 – Type of premises licence 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 No
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 company or partnership), please fill in section B.
Section A Individual applicant
1. Title: Mr Mrs Miss Dr Dr Other (please specify)
2. Surname:Other name(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 question 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 the 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 question 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
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<ul><li>10. Proposed trading name to be used at the premises (if known):</li><li>11. Address of the premises (or, if none, give a description of the premises and their</li></ul>
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building (for ex	ample, a shopp ber of floors w	ing centre ithin the b	building, please describe the nature of the or office block). The description should building and the other floors(s) on which the
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14(a). Are the p	remises situated	d in more	than one licensing authority area? Yes/ No [Delete as appropriate]
, ,	in whose area t	he premis	ease give the names of all the licensing es are partly located, other than the cation is made.
		•••••	
Part 4— Times	s of operation		
		-	ty to exclude a default condition so that the than would otherwise be the case?  Yes/ No
[Where the rele the answer to th			[Delete as appropriate] ence is not subject to any default conditions,
	es when you wa		'Yes', please complete the table below to emises to be available for use under the
	Start	Finish	Details of any seasonal variation
Monday	Start		
Tuesday			
Wednesda	ay		
Thursday			
Friday			
Saturday			
Sunday			

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16. If you wish to apply for a premises licence with conditions 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 commence as soon as it is issued):
(dd/mm/yyyy)
18(a). Does the application relate to premises which are part of a track or other sporting venue, which already has 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 licence that has been issued by this licensing authority?  Yes/ No  [Delete as appropriate]
19(b). If the answer 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 ( <i>Please tick</i> )
I/We confirm that, to the best of my knowledge, the information contained in this application is true. I/We understand that it is offence under section 342 of the Gambling Act 2005 to give information which is false or misleading in, or in
relation to, this application.
<ul> <li>I/We confirm that the applicant(s) have the right to occupy the premises.</li> <li>Payment of the appropriate fee has been made/is enclosed</li> </ul>
<ul> <li>A plan of the premises is enclosed</li> <li>I/We understand that if the above requirements are not complied with</li> </ul>
<ul> <li>the application may be rejected</li> <li>I/We understand that it is now necessary to advertise the application</li> </ul>
and give the appropriate notice to the responsible authorities
Part7 – Signatures
21. Signature of applicant or applicant's solicitors or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:
Signature:
Print Name:
Date: Capacity:
22. For joint applications, signature of 2 <sup>nd</sup> applicant, or 2 <sup>nd</sup> applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:
Signature:
Print Name:
Date:
[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 – 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 23(a) can be contacted:
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, please give the e-mail address to which you would like correspondence to be sent: