Application for a provisional statement under the Gambling Act 2005 (standard form)

PLEASE	READ THE FOLLOWING INSTR	UCTIONS 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 re for that type of premises.	espect of a vessel the application s	should be made on the relevant form
Part 1 Type of premises to	o which the application relates	
Regional Casino Bingo Betting (Track)	Large Casino Adult Gaming Centre Betting (Other)	Small Casino Family Entertainment Centre
	se fill in Section A. If the application oany or partnership), please fill in S	
1. Title: Mr Mrs Miss	Ms Dr Other (please spec	aify)
-	Other name(applicant's operating licence or, if any application for an operating l	the applicant does not hold an
3. Applicant's address (home	or business – <i>[delete as appropri</i>	iate]):
Postcode:		
4(a) The number of the applic	cant's operating licence (as set ou	t 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".]
Turther applicants .j
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".]
Part 3 Premises Details
Part 3 Premises Details 10. Proposed trading name to be used at the premises (if known):
in the property of the second at the profile of the second at the second at the profile of the second at the
11. Address of the premises (or, if none, give a description of the premises or proposed premises and their location):
Postcode: 12. Telephone number at premises (if known):

within the building and the floor(s) on which the premises are located.
14(a) Are the premises or proposed 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 or proposed premises are partly located, other than the licensing authority to which this application is made:

13. If the premises are in only a part of a building, please describe the nature of the building (for

Part 4 Times 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			

16. If you want the premises licence to have a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

Part 5 Miscellaneous	
17(a) Does the application relate to premises or proposed premises which are part of a trace	
other sporting venue which already has a premises licence: Yes/No [delete as appropriate]	-
17(b) If the answer to question 17(a) is yes, please confirm by ticking the box that an application of the confirmation of the	ation to
vary the main track premises licence has been submitted with this application:	
18(a) Do you hold any other premises licences that have been issued by this licensing authors. [delete as appropriate]	ority?
18(b) If the answer to question 18(a) is yes, please provide full details:	
19. 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.	
Checklist:	
Payment of the appropriate fee has been made/is enclosed	
A plan of the premises or proposed 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 	

Part 7 Signa	tures	
•	of applicant or applicant's solic t, please state in what capacity	citor or other duly authorised agent. If signing on behalf y:
Signature:		
Print Name:		
Date:	(dd/mm/yyyy)	Capacity:
	oplications, signature of 2nd ap og on behalf of the applicant, pl	oplicant, or 2nd applicant's solicitor or other authorised lease state in what capacity:
Signature:		
Print Name:		
Date:	(dd/mm/yyyy)	Capacity:
	of further applicant(s)". The sh	olease use an additional sheet clearly marked neet should include all the information requested in
	plication is to be submitted in a and should be a copy of the pe	an electronic form, the signature should be generated erson's written signature.].
Part 8 Conta	act Details	
·		can be contacted about the application:
22(b) Please g can be contact	•	mbers at which the person identified in question 22(a)
23. Postal add	ress for correspondence assoc	ciated with this application:
Postcode:		
		elation to your application to be sent via e-mail, please ike correspondence to be sent:

NOTICE OF APPLICATION FOR A PROVISIONAL STATEMENT (Form A)

This notice is issued in accordance with regulations made under section 160 of the Gambling Act 2005
Notice is hereby given that:
[Give the full name of the applicant as set out in Part 2 of the application for a provisional statement]
of the following address:
Postcode:
[Give the full address of the applicant as set out in Part 2 of the application for a provisional statement]
the number of whose operating licence is
who applied for an operating licence on
[Delete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]
has made an application for a provisional statement in respect of the following type of premises:
[Specify the type of premises to which the application relates]
The application relates to the following premises or proposed premises:
[If known, give the trading name to be used at the premises and the address of the premises as given in Part 3 of the application. If the premises have no address, then describe the premises and the location in the same way as they are described in Part 3 of the application.]
The application has been made to the following licensing authority:
Postcode:
Website:
[Insert name of the licensing authority and the address of its principal office, followed by the

address of its website]

Information about the application is available from the licensing authority, including the arrangements for viewing the details of the application.

The following person connected with the applicant is able to give further information about the application:

[This entry is optional and is to be included if the applicant wishes to provide the name, telephone number and (if available) e-mail address of a person connected with the applicant who is able to answer questions and provide further information about the application.]

Any representations under section 161 of the Gambling Act 2005 must be made no later than the following date:

[Please insert last day on which representations may be made in relation to the application. The period for making representations is 28 days (inclusive) starting with the day on which the application for a provisional statement was made to the licensing authority.]

NOTICE OF APPLICATION FOR A PROVISIONAL STATEMENT (Form B)

This notice is issued in accordance with regulations made under section 160 of the Gambling Act 2005
Notice is hereby given that the persons or organisations whose details are given in the Schedule to this notice have made an application for a provisional statement in respect of the following types of premises:
[Specify the type of premises to which the application relates]
The application relates to the following premises:
[If known, give the trading name to be used at the premises and the address of the premises as given in Part 3 of the application. If the premises have no address, then describe the premises and the location in the same way as they are described in Part 3 of the application.]
The application has been made to the following licensing authority:
Postcode:
Website:
[Insert name of the licensing authority and the address of its principal office, followed by the address of its website]
Information about the application is available from the licensing authority, including the arrangements for viewing the details of the application.
The following person connected with the applicant is able to give further information about the application:
[This entry is optional and is to be included if the applicant wishes to provide the name, telephone number and (if available) e-mail address of a person connected with the applicant who is able to answer questions and provide further information about the application.]
Any representations under section 161 of the Gambling Act 2005 must be made no later

[Please insert last day on which representations may be made in relation to the application. The period for making representations is 28 days (inclusive) starting with the day after the day on which the application for a provisional statement was made to the licensing authority.]

than the following date:

Schedule of Applicants

The persons or organisations making the application are as follows:

Name of 1st Applicant:

[Give the full name of the applicant as set out in Part 2 of the application for a provisional statement]

Address of 1st Applicant:

Postcode:

[Give the full address of the applicant as set out in Part 2 of the application for a provisional statement]

The number of the operating licence held by 1st Applicant is:

The 1st Applicant applied for an operating licence on

[Delete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]

Name of 2nd Applicant:

[Give the full name of the applicant as set out in Part 2 of the application for a provisional statement]

Address of 2nd Applicant:

Postcode:

[Give the full address of the applicant as set out in Part 2 of the application for a provisional statement]

The number of the operating licence held by 2nd Applicant is:

The 2nd Applicant applied for an operating licence on

[Delete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]

[Where there are more than two applicants, also give the same information for the other applicants]

NOTICE OF APPLICATION FOR A PROVISIONAL STATEMENT UNDER THE GAMBLING ACT 2005

Notice is hereby given that:
[Give the full name of the applicant(s)]
of the following address:
is/ are applying for a provisional statement under section 204 of the Gambling Act 2005. The application relates to the following type of premises: [Insert the type of premises to which the application relates]
The application relates to the following premises:
[Give the trading name to be used at the premises and the address of the premises. If no address is available, give a description of the premises and their location]
The application has been made to: [Specify the name of the licensing authority to which the application has been made]
Information about the application is available from the licensing authority, including the arrangements for viewing the details of the application.
Any of the following persons may make representations in writing to the licensing authority about the application:
 A person who lives sufficiently close to the premises to be likely to be affected by the authorised activities
A person who has business interests that might be affected by the authorised activities
A person who represents someone in any of the above two categories.
Any representations must be made by the following date:
It is an offence under section 342 of the Gambling Act 2005 if a person, without reasonable excuse, gives to a licensing authority for a purpose connected with that Act information which is false or misleading.