Application for a premises licence under the Gambling Act 2005 (transitional conversion application)

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.

Transitional conversion applications in respect of vessels should be made on the relevant form for that type of premises.

Part 1 – Type of premises licence applied for

Converted Casino ☐   Bingo ☐   Adult Gaming Centre ☐

Family Entertainment Centre ☐   Betting (Track) ☐   Betting (Other) ☐

Tick this box if you want the application dealt with under the fast track procedure. ☐

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 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 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".]

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:

12. Telephone number at premises (if known):

13(a) Will the premises which are the subject of the application occupy the whole of the building in which they are located, or only part of it? If the premises are not a building or part of a building, please describe the nature of the premises.

13(b) If the premises will occupy only part of a building, please describe the nature of the building and the part of it in which the premises will be located. The information given should include a description of the building itself (whether it is primarily a shopping mall, residential, office space etc), whether it is multi-level or multi-units on one level; and in which units or on which floor the gambling premises will be 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.**

15(a) Give details of the existing gambling licence or permit held by the applicant(s) with respect to the premises:

15(b) Where no existing licence or permit is held, give details of the application which is being made for the grant or transfer of such a licence or permit to the applicant(s). Please specify the authority to which the application is being made:

Part 4 – Times of operation

16(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. **In all cases the answer to this question will be no, if you have indicated on the first page of the form that you want the application to be treated as a fast track application**.]*

16(b). If the answer to question 16(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			

17. 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

18(a) Do you hold any other premises licences that have been issued by this licensing authority, or are you applying for any such licences? Yes/No *[delete as appropriate]*

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. ☐

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 ☐
- A copy of the applicant's existing gambling licence or permit relating to the premises is enclosed; or where none exists, a copy of the application which is being made in respect 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, if it not a fast track application, it is now necessary to advertise the application and give the appropriate notice to the responsible authorities ☐

Part 7 – Signatures

20. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Date: _(dd/mm/yyyy)_   Capacity:

21. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

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 20 and 21.]

[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

22(a) Please give the name of a person who can be contacted about the application:

22(b) Please give one or more telephone numbers at which the person identified in question 22(a) can be contacted:

23. Postal address for correspondence associated with this application:

Postcode:

24. 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: