

Application for the reinstatement of a premises licence under the Gambling Act 2005

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.

Part 1 – 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 2 – Premises Details

10. Trading name used at premises:

11. Give the address of the premises or, if none, give a description of the premises and its location. Where the premises are a vessel, give the place indicated in the premises licence as the place in the licensing authority's area where the vessel is wholly or partly situated. Where possible this should include an address with a postcode:

Postcode:

12. Telephone number at premises (if known):

13. Type of premises licence to be reinstated:

Regional casino

Large casino

Small casino

Converted Casino

Bingo

Adult Gaming Centre

Betting (track)

Betting (other)

Family Entertainment Centre

14. Premises licence number (if known):

15. If known, please give the name of the person who held the premises licence immediately before it lapsed:

Surname:

Other name(s):

16. Please indicate as accurately as you can the date on which the premises licence lapsed:

Part 3 – Details of application for reinstatement

17. Please confirm by ticking the box that you are applying for the reinstatement to take effect on the date on which the application is granted.

18. Please set out any other matters which you consider to be relevant to your application:

Part 4 – Declarations and Checklist (*Please tick as appropriate*)

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
- The existing premises licence is enclosed
- The existing premises licence is not enclosed, but the application is accompanied by –
 - A statement explaining why it is not reasonably practicable to produce the licence and,
 - An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence
- I/we understand that if the above requirements are not complied with the application may be rejected

Part 5 – Signatures

19. 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: _____

20. 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 19 and 20.]

[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 6 – Contact Details

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

21(b) Please give one or more telephone numbers at which the person identified in question 21(a) can be contacted:

22. Postal address for correspondence associated with this application:

Postcode:

23. 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:

Form A

NOTICE OF APPLICATION FOR THE REINSTATEMENT OF A PREMISES LICENCE

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. The name should be the same as that given in Part 1 of the application for reinstatement of the premises licence]

of the following address:

Postcode

[Give the full address of the applicant. The address should be the same as that set out in Part 1 of the application for reinstatement of the premises licence.]

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 the reinstatement of a premises licence of the following type:

[Specify the type of premises licence to which the application relates]

The application relates to the following licensed premises:

[Give the trading name used at the premises, and the address of the premises (or, if none, give a description of the premises and their location).]

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]

The lapsed premises licence was held by:

[Give the full name of the licence holder(s) as set out in the premises licence (if known).]

The number of the premises licence (if known):

[Insert here the reference number of the premises licence as given in the licence itself.]

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 was made to the licensing authority.]

Form B

NOTICE OF APPLICATION FOR THE REINSTATEMENT OF A PREMISES LICENCE

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 applied for the reinstatement of a premises licence of the following type:

[Specify the type of premises licence to which the application relates]

The application relates to the following premises:

[Give the trading name used at the premises, and the address of the premises (or, if none, give a description of the premises and their location).]

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]

The lapsed premises licence was held by:

[Give the full name of the licence holder(s) as given on the premises licence (if known).]

The number of the premises licence (if known):

[Insert here the reference number of the premises licence as given in the licence itself.]

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 was made to the licensing authority.]

SCHEDULE OF APPLICANTS

The persons or organisations making the application are as follows:

Name of 1st Applicant:

[Give the full name of the applicant. The name should be the same as that given in Part 1 of the application for reinstatement of the premises licence.]

Address of 1st Applicant:

Postcode

[Give the full address of the 1st Applicant. The address should be the same as that set out in Part 1 of the application for reinstatement of the premises licence.]

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. The name should be the same as that given in Part 1 of the application for reinstatement of the premises licence.]

Address of 2nd Applicant:

Postcode

[Give the full address of the applicant. The address should be the same as that set out in Part 1 of the application for reinstatement of the premises licence.]

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.]