

LICENSING SERVICE

<i>For Office use only</i>	
<i>LalPac Application No.</i>	
<i>Licence Number</i>	
<i>Renewal Date</i>	

APPLICATION FOR A PROVISIONAL STATEMENT UNDER THE GAMBLING ACT 2005

<i>Applicants Name:</i>	
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Blackpool will be a Vibrant, Inclusive,
Healthy, Safe and Prosperous Town



Blackpool Council
BUILDING A BETTER COMMUNITY FOR ALL

Before completing this form, please read the guidance notes at the end of this document.

Part 1 – Type of premises to which the application relates:

Regional Casino:		Large Casino:		Small Casino:	
Bingo:		Adult Gaming Centre:		Family Entertainment Centre:	
Betting (Track)		Betting (Other)			

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
2. Forename(s):				Surname:		
(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. Address Home or Business (Delete as appropriate):						
					Post Code:	
Telephone Number:				E-Mail Address:		
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

If this application is submitted on the behalf of an organisation, please state:

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 Applicants Registered or Principal Address											
		Post Code:									
Telephone Number:					E-Mail Address:						
8(a). The number of the applicant's operating licence (as set out 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):																		
										Post Code:								
12. Telephone Number:					E-Mail Address:													

13(a). 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.

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14(a). Are the premises situated in more than one licensing authority area? (Delete as appropriate):

Yes

No

14(b). If the answer to question 14(a) is yes, please give the names of all the licensing authorities within which whose area the premises are partly located, OTHER THAN THE AUTHORITY TO WHICH THE APPLICATION IS MADE:

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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? (Delete as appropriate):

Yes

No

(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 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 (hh:mm)	Finish (hh:mm)	Details of any seasonal variation
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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:

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Part 5 – Miscellaneous

17(a). Does the application relate to premises or proposed premises which are part of a track or other sporting venue which already has a premises licence: (Delete as appropriate)	Yes	No
17(b). If the answer to question 17(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:		
18(a) Do you hold any other premises licences that have been issued by this licensing authority? : (Delete as appropriate):	Yes	No
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 – 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.

Signed:

Print Name:

Date:

Capacity:

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

Signed:

Print Name:

Date:

Capacity:

(Where there are more than two applicant’s, 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

Name and address of a contact for queries regarding this application:

1. Title:	Mr	Mrs	Miss	Ms	Dr	Other
Forename(s):			Surname :			
22(b). Telephone Number(s):						
23. Postal Address for Correspondence associated with this application:						
					Post Code	
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:						

Guidance Notes

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