

# Blackpool Council

## GAMBLING ACT 2005

### APPLICATION TO TRANSFER A PREMISES LICENCE

**Applicants Name:**

#### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

#### Contact

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



**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.

<b>Part 1 – Applicant Details</b>
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:**

<b>Title:</b>	Mr	Mrs	Miss	Ms	<b>Forename (s)</b>	
<b>Surname</b>						

(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)

<b>Applicant’s address (home or business – delete as appropriate)</b>							
		<b>Post Code</b>					
<b>☎ Telephone Number</b>				<b>☎ Mobile Number</b>			

<b>The number of the applicant’s operating licence (as set out in the operating licence):</b>

<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:</b>

<b>Tick the box if the application is being made by more than one person.</b>	<input type="checkbox"/>
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(Where there are further applicants, the information required 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:**

<b>Name of applicant business or organisation:</b>	
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(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).

<b>The applicant’s Registered or Principal address:</b>							
		<b>Post Code</b>					

The number of the applicant's operating licence (as given in the operating licence):	
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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:	
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Tick the box if the application is being made by more than one organisation.	
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(Where there are further applicants, the information required 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**

Trading name used at premises:	
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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:

Premises Address												
								Post Code				
☎ Telephone Number					☎ Mobile Number							

**Type of premises licence to be transferred:**

Regional casino		Large casino		Small casino	
Converted casino		Bingo		Adult Gaming Centre	
Betting (track)		Betting (other)		Family Entertainment Centre	

Premises licence number (if known):	
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Please give the name of the current licence holder as it appears on the premises licence (if known):

Surname:		Other name(s):	
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**Part 3 – Details of application for transfer**

Give the date on which you want the transfer to take effect if approved:	..... 200 .....
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If you want section 189(6) of the Gambling Act 2005 to apply, please tick the box	
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(Section 189(6) of the Gambling Act 2005 enables the applicant to be treated as the premises licence holder from the date on which this application is made until the date on which it is decided).

Have you contacted the holder of the premises licence?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to the above question is no, please confirm by ticking the box that you have taken all reasonable steps to contact the person or persons holding the premises licence.		<input type="checkbox"/>
If you have answered the above question by ticking the box, please give full details of the steps that you have taken to contact the holder of the premises licence:		
Please set out any other matters which you consider to be relevant to your application:		

<b>Part 4 – Declarations and Checklist (Please tick as appropriate)</b>	
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.	<input type="checkbox"/>
<b>Checklist:</b>	
• Payment of the appropriate fee has been made / is enclosed	<input type="checkbox"/>
• A plan of the premises is enclosed	<input type="checkbox"/>
• The existing premises licence is enclosed	<input type="checkbox"/>
• 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 Section 190 of the Gambling Act 2005 for the issue of a copy of the licence an application under Section 190 of the Gambling Act 2005 for the issue of a copy of the licence	<input type="checkbox"/>
• I / we understand that if the above requirements are not complied with the application may be rejected	<input type="checkbox"/>

Part 5 - Signatures			
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:		Capacity:	
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:		Capacity:	
<p>(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 above).</p> <p>(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).</p>			

Part 6 – Contact Details							
Please give the name of a person who can be contacted about the application:							
Please give one or more telephone numbers at which the person identified above can be contacted:							
☎ Telephone Number		☎ Mobile Number					
Postal address for correspondence associated with this application							
		Post Code					
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:							
E-mail address:							