



Application for a premises licence under the Gambling Act 2005 (vessel)

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.

Applications in respect of premises which are not a vessel should be made on the relevant form for that type of premises.

Part 1 – Type of premises licence applied for

Regional casino Large casino Small casino
Bingo Adult gaming centre Family entertainment centre
Betting

Do you hold a provisional statement in respect of the premises? Yes No

If the answer is “yes”, please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement):

.....

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. Name of vessel to be licensed

11. Country in which vessel is registered

12(a) Give the place in the licensing authority's area at which the vessel is or will be situated or moored (Give an address with postcode if available):

.....
.....
.....

12(b) Please confirm by ticking the appropriate box whether the place stated in question 12(a) is:

- (i) a fixed place in or on water at which the vessel is situated; or
- (ii) a place at which the vessel is permanently moored; or
- (iii) a place at which the vessel is habitually moored; or
- (iv) in any other case, a place at which the vessel is moored or is likely to be moored or a place in the United Kingdom nearest to any place at which a vessel is, or is likely to be while activities are carried on in the vessel in reliance on the premises licence.

13. If you have ticked box (iii) or (iv) in your answer to question 12(b), please indicate the number of days or months in a year when you expect the vessel to be moored at the place stated in question 12(a):

.....

14. If you have ticked box (iii) or (iv) in your answer to question 12(b), please describe the other places where, and/or any other circumstances in which, the vessel will be used in reliance on the premises licence:

.....

15. Please give a brief description of the vessel. Please describe the location of your premises within the vessel and indicate the uses of the other parts of the vessel:

.....

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.]

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.

	<i>Start</i>	<i>Finish</i>	<i>Details of any seasonal variation</i>
Mon			
Tues			
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. Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued):

...../...../.....(dd/mm/yyyy)

19(a) Do you hold any other premises licences that have been issued by this licensing authority?

Yes/ No
[delete as appropriate]

19(b) If the answer question 19(a) is yes, please provide full details:

.....
.....
.....
.....

20. 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 applicants(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**
- **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**

Amber Valley Borough Council collects personal information when you contact us for any licensing service we provide. We will use this information to provide this service under Article 6(1c) of the General Data Protection Regulations.

The Council may share your information with other members of the licensing section, the Gambling Commission, Police, Fire Service, HM Revenue and Customs, Derbyshire County Council's Child Protection Department, Amber Valley Borough Council's Development and Environmental Services Departments. We may also share your information with other officers of the Council and Councillors from the Licensing Board if the application is contentious.

In the pursuance of the prevention or detection of crime, personal details may be released to Government agencies such as Department for Work and Pensions and the Inland Revenue.

Your personal data will be kept for a period in accordance with the Council's document retention schedule.

You have the right to see the personal data we hold about you; if you think it is wrong you can ask us to put it right; if you think that we have no legal grounds for retaining the information you have the right to ask for it to be erased; if there is a query on the accuracy of the data you have the right to ask us to stop processing your information.

The Council's Data Protection Officer can be contacted on 01773 841430 or by email DPO@ambervalley.gov.uk

If you are unhappy with how the Council deals with your personal information you may wish to contact the Information Commissioner. Telephone 0303 123 1113, email – casework@ico.org.uk; web site – www.ico.org.uk

Part 7 – Signatures

21. 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:.....

22. 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:.....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 21 and 22.]

[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

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

.....

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:

.....

24. Postal address for correspondence associated with this application:

.....

.....

.....Postcode:.....

25. 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:

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