

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 licentes Regional Casino Bingo Betting	Large Casino Adult Gaming Centre	Small Casino Family Entertainment Centre	
Do you hold a provisional state If the answer is "yes", please give set out at the top of the first page	e the unique reference number fo	<u> </u>	
Part 2 – Applicant Details			
If you are an individual, please fil organisation (such as a company	• • •	•	
Section A Individual applicant			
1. Title: Mr Mrs Miss Ms	s		
2. Surname: [Use the names given in the applicating licence, as given in any		• •	
3. Applicant's address (home or b	ousiness – <i>[delete as appropriate</i>	<i>]</i>):	
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:			

further applicants".]



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

Applicant 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 the application was made:

[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



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.

	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 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 – Decla	arations and Checklist (<i>Please tick</i>)	
I/ We confirm tapplication is t	that, to the best of my/ our knowledge, the information contained in this rue. I/ We understand that it is an offence under section 342 of the 2005 to give information which is false or misleading in, or in relation to,	
I/ We confirm t	that the applicant(s) have the right to occupy the premises.	
Checklist:		
	nt of the appropriate fee has been made/is enclosed	
A plan		
I/ we up	nderstand that if the above requirements are not complied with the tion may be rejected	
I/ we up	nderstand that it is now necessary to advertise the application and give propriate notice to the responsible authorities	
	·	
Part 7 – Signa	atures	
	of applicant or applicant's solicitor or other duly authorised agent. If signin nt, please state in what capacity:	g on behalf
Signature:		
Print Name:		
Date:	(dd/mm/yyyy) Capacity:	
	oplications, signature of 2nd applicant, or 2nd applicant's solicitor or other ng on behalf of the applicant, please state in what capacity:	authorised
Signature:		
Drint Name:		
Print Name:	(dd/mm/yyyy) Consoity:	
Date:	(dd/mm/yyyy) Capacity:	
	are more than two applicants, please use an additional sheet clearly mark of further applicant(s)". The sheet should include all the information reque- and 22.]	
	plication is to be submitted in an electronic form, the signature should be and should be a copy of the person's written signature.]	generated



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: