ANGUS LICENSING BOARD

Application for a provisional statement under the Gambling Act 2005 (standard form)

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

this form by hand inlease write legibly in block capitals using ink. I lee

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.			
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Part 1 - Type of premises to which Regional Casino Bingo Botting (Track)	Large Casino ☐ Adult Gaming Centre ☐	Small Casino ☐ Family Entertainment Centre ☐	
Betting (Track)	Betting (Other)		
Part 2 - Applicant Details If you are an individual, please fi organisation (such as a company)	• •	•	
Section A Individual applicant			
Title: Mr ☐ Mrs ☐ Miss ☐ I Surname:	Ms ☐ Dr ☐ Other (please spec Other name(s):	cify)	
[Use the names given in the app	olicant's operating licence or, if t	he 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. \Box
[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. \Box
[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 or proposed premises
and their location):
Postcode:
1 ostode.
12. Telephone number at premises (if known):
12. Totophone nambor at promisos (ii kilowii).
13. 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.
44/a) Are the premises or premed premises situated in more than and licensing sutherity are 2
14(a) Are the premises or proposed premises situated in more than one licensing authority area? Yes / No [delete as appropriate]
Tes / No [delete as appropriate]
14(b) If the answer to question 14(a) is yes, please give the names of all the licensing authorities
within whose area the premises or proposed premises are partly located, other than the licensing
authority to which this application is made:

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? **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.]

15(b) If the answer to question 15(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			

Sun			
16. If you wa	nt the premises lice	nce to have a condition below using calendar d	n restricting gambling to specific periods in ates:

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? Yes/No [delete as appropriate]
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. \Box
18(a) Do you hold any other premises licences that have been issued by this licensing authority? Yes/No [delete as appropriate]
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:

our knowledge, the information contained	
our knowledge, the information contained	in this
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ion which is false or misleading in, or in re	lation to,
	□
bove requirements are not complied with t	ne
	na give the
porisible authorities	
t's solicitor or other duly authorised agent. If s	sianina on
Canacity	
Сараску	
2 nd applicant, or 2 nd applicant's solicitor or oth	ner authorised
Canacity	
Оараску	
cants, please use an additional sheet clearly n	narked
	be generated
	de that it is an offence under section 342 of ion which is false or misleading in, or in research to be a possed premises is enclosed bove requirements are not complied with the work of the authorities and ponsible authorities It's solicitor or other duly authorised agent. If so what capacity: Capacity Capacity

Part 8 - Contact Details
22(a) Please give the name of a person who can be contacted about the application:
22(b) Please give one or more telephone numbers at which the person identified in question 22(a) can be contacted:
23. Postal address for correspondence associated with this application:
Postcode: 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:

PRIVACY NOTICE: THE ANGUS LICENSING BOARD

The information you have provided on this Application form, and from supporting documentary evidence – where applicable, will be used by The Angus Licensing Board (the "data controller") for the purposes of the General Data Protection Regulation and the Data Protection Act 2018 in order to process your Licensing Application.

The Council may check information provided by you, or information about you provided by a third party such as NHS Tayside, Scottish Fire and Rescue Service, Scottish Ambulance Service and Police Scotland with other information held by us. We may also get information from those third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public safety, protect public funds or where required by law.

In order to process your Application, we will share your information in accordance with the Licensing (Scotland) Act 2005 and other applicable licensing legislation with internal services of Angus Council.

Please note that you should read this service specific Privacy Notice in conjunction with the Angus Licensing Board's Full Privacy Statement which is accessible on the council's website at:

https://www.angus.gov.uk/council_and_democracy/council_information/information_governance/council_and_services_privacy/angus