

APPLICATION FOR A GAMING MACHINE OR PRIZE GAMING PERMIT

If you are completing this form by hand, please write legibly in block capitals using ink. If necessary, continue on a separate sheet(s) referring to the question number and signed at the end by the same person who signs this form.

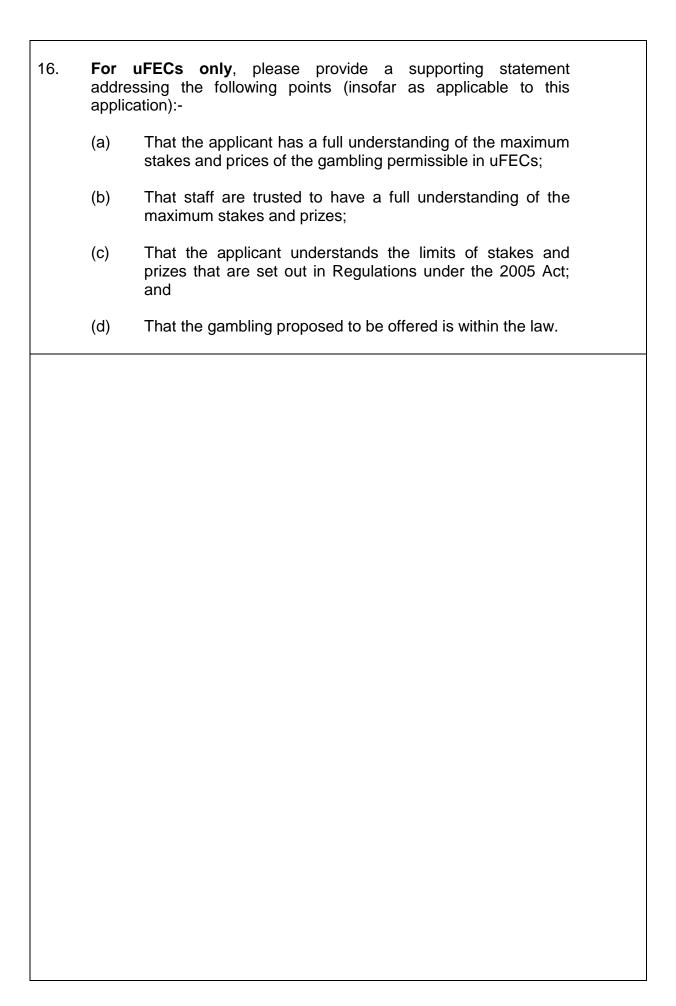
Section A - Type of Application			
1.	Please indicate the type of application by ticking one of below (more than one application type will require sep forms)		
	Application for an unlicensed Family Entertainment Machine Permit	Centre (uFEC) (Saming
	Application for an uFEC Prize Gaming Permit		
	Alcohol Licensed Premises Gaming Machine Permit -	Grant	
		Reinstatement	
		Variation	
		Transfer	
Sectio	n B - Existing Gambling Registration or Permissior	1	
-	are applying for continuation of an existing registration lete this section.	permission, pleas	se
2.	Please state the type of permission or registration:-		

3.	Please describe the type of gambling which you state that this permission or registration authorised and which is provided:-	
4.	Please state the permission/registration:-	
(a)	Date of issue:	
(b)	Date of expiry:	
5.	Please attach the signed permission/registration or a certified true copy:-	
Sectio	on C - Applicant Details	
6.	Full Name of Applicant(s):	
7.	If any of the applicants is a company or limited liability partnership, please state the Companies House registration number.	
8.	Registered Office/Business Address:	
9.	Relevant Offence(s)	
Either	Delete whichever of the following is inapplicable:-	
(a) <u>or</u>	The Applicant has no conviction(s) for relevant offence(s) within the meaning of Schedule 7 to the Gambling Act 2005	

(b)		he Applicant has the following conviction(s) for relevant offence(s) vithin the meaning of Schedule 7 to the Gambling Act 2005:-				
	Date		Convicting		Name or Description of	
	Conv	viction	Court		offence	
Section	n D -	The Premises				
10.	Name of Premises:				<u>-</u>	
	Addr	ess:				
						•
						-
11.	(a)	•	es) showing	the lo	Board's requirements (see cations of gambling activity premises:-	
	(b)	Total custome metres):-	r standing floo	or are	a within premises (in square	
	(c)				iven over to the proposed ses (in square metres):-	
12.	For A	Alcohol License	d Premises or	nly, pl	ease state:-	
	(a)	Type of Licer	ice:			-
	(b)	Date of issue	:			-
	(c)	Date of expiry	y:			<u>-</u>
	(d)	Licence No:				<u>.</u>

n E - What Is	·		
Where applicable, state the number and type by category of gaming machines proposed:			
No:	Category:		
	described in answer to Questions 14 and 15 should arked in terms of location on the plan provided (see		

15.	For al	Il applications, please state:-	
	(a)	Whether any special measures are proposed to protect children or vulnerable persons, such as door supervision, the segregation of gambling from areas within the premises frequented by children and the supervision of access to relevant gambling machines where children are allowed to be present? If not, state why:-	
	(b)	Are the premises within the locality of a school or schools? What is the distance (in metres) from the premises to the nearest boundary(ies) of the nearest school(s)?	



Section F - General information about person applying on behalf of applicant		
17.	Name	
18.	Capacity	
19.	Address (including postcode)	
20.	Daytime telephone number	
21.	E-mail address (if correspondence by e-mail is preferred)	
Section applic	n G - Contact details for correspondence associated with this ation	
22.	Please tick one box as appropriate:	
See address in section C See address in section F See address below:		
23.	Address (including postcode)	
	Daytime telephone number	
	E-mail address (if correspondence by e-mail is preferred)	

Secti	on H - Declaration
24.	Please complete the following declarations and checklist:
l [full	name]
a.	Make this application on behalf of the applicant and have authority to bind the applicant.
b.	Confirm that I am aware of the relevant code of practice issued by the Gambling Commission under section 24 of the Gambling Act 2005 about the location and operation of a gaming machine.
C.	Confirm that I am aware that the permit to which this application relates will be subject to the relevant conditions specified in section 271 or 273 of the Gambling Act 2005.
d.	Confirm that I am aware that the applicant must send a copy of this application and any accompanying documents to the Gambling Commission and the chief constable within a period of seven days beginning on the date this application is made.
e.	Confirm that, to the best of my knowledge, the information contained in this application is true. I 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.
f.	Checklist [tick as appropriate]:
	Payment of the appropriate fee of £ is enclosed.
	A copy of the existing gambling registration or provision is enclosed [only applies to applications to renew a permit]
	Plan showing the premises and the proposed gambling activity is enclosed.
Signa	ture
Date.	
Capa	city

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

Data Protection Act 2018

The information on this form may be held on an Electronic Register which may be available to members of the public on request.

PLEASE NOTE – IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Criminal Law (Consolidation) (Scotland) Act 1995 Section 44(2)(b)

I understand that Angus Council are permitted to accept applications for the grant of this licence; objections or representations; and notifications of any change to the licence, by means of electronic communication. Applications, objections, representations or notifications can be sent to the Council by email to LAWLicensing@angus.gov.uk.

I permit Angus Council to give notice and provide reasons in relation to granting, refusing, renewing, changing, altering, varying, suspending, and revoking the licence by means of email. I authorise the email address provided by me on this application to be used for this purpose.