# ANGUS LICENSING BOARD

	cation for a premises li Gambling Act 2005 (sta	
If you are completing this form by	arked with the number of the re	
Where the application is-		
<ul> <li>In respect of a vessel, or</li> </ul>		
<ul> <li>to convert an authorisation the Gaming Act 1968,</li> </ul>	n granted under the Betting, Ga	ming and Lotteries Act 1963 or
the application should be made of	n the relevant form for that type	e of premises or application.
Part 1 - Type of premises licence	applied for	
Regional Casino 🛛	Large Casino 🛛	Small Casino
Bingo 🗌	Adult Gaming Centre $\ \square$	Family Entertainment Centre
Betting (Track)	Betting (Other)	
Do you hold a provisional stateme If the answer is "yes", please give set out at the top of the first page	the unique reference number f	
Part 2 - Applicant Details		
If you are an individual, please fill organisation (such as a company		
Section A Individual applicant		
<ol> <li>Title: Mr  Mrs  Miss  Miss  M</li> <li>Surname:</li> </ol>	s  Dr Dr Other (please spec Other name(s):	ify)
[Use the names given in the appli	icant's operating licence or. if th	ne applicant does not hold an

[Use the names given in the applicant's operating licence or, if the 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".]

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 and their location):

Postcode:

12. Telephone number at premises (if known):

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.

14(a) Are the premises situated in more than one licensing authority area? Yes / 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 are partly located, other than the licensing authority to which this application is made:

#### Part 4 - Times of operation

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			

16. 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:

17. Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued): (dd/mm/yyyy)

18(a) Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence? Yes/No [delete as appropriate]

18(b) If the answer to question 18(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.  $\Box$ 

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 to 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.	0,
I/ We confirm that the applicant(s) have the right to occupy the premises.	
Checklist:	
<ul> <li>Payment of the appropriate fee has been made/ is enclosed</li> </ul>	
A plan of the premises is enclosed in duplicate	
<ul> <li>I/ we understand that if the above requirements are not complied with the</li> </ul>	
application may be rejected	
<ul> <li>I/ we understand that it is now necessary to advertise the application and give</li> </ul>	the
appropriate notice to the responsible authorities	

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 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
[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

[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:

## 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/inform ation\_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 <u>LAWLicensing@angus.gov.uk</u>.

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.