## Application for a provisional statement under Section 204 of the Gambling Act 2005

Please read the guidance notes at the end of this form. This application may be used before applying for a premises licence by someone who is expecting to be construct, alter or acquire a right to occupy a premises for the purpose of gambling. This will give the operator an idea of whether there would be any opposition to a premises licence before committing to the premises and making such application. The licensing authority will then issue a provisional statement advising if a subsequent premises licence application containing such details would be granted or refused. [For provisional statements in respect of a vessel there is a different application form].

## Part 1 - type of premises

N.B. West Lindsey District Council cannot issue new premises licences for Casinos
$\square$ Adult Gaming Centre
$\square$ Betting (Track)
$\square$ Betting (Other)
$\square$ Bingo
$\square$ Family Entertainment Centre

Part 2 - applicant details ((A)individual applicant or (B) company/organisation)
(A) individual applicant person 1
$\mathrm{Mr} \square \mathrm{Mrs} \square$ Miss $\square \mathrm{Ms} \square$ Other (please state)

Surname:

Forenames:
Names must match what is on the operating licence, or application for an operating licence
Current residential address

| Post town: |  |  | Postcode: |
| :--- | :--- | :--- | :--- |
| Phone number: |  |  |  |
| Email address: |  |  |  |

Operator licence number, or date application sent
(A) individual applicant person 2 (if more than one person is making the application)
\(\left.\begin{array}{|l|l|l|}\hline Mr \square Mrs \square Miss \square <br>
Surname: <br>
Forenames: <br>

Names must match what is on the operating licence, or application for an operating licence\end{array}\right]\)| Otease state) |
| :--- |
| Current residential address |
|  |
| Post town: |
| Phone number: |
| Email address: |

Operator licence number, or date application sent
(B) application on behalf of an organisation 1


If this is not an operational address, please give alternative details below for us to set up as the correspondence address.

Correspondence address for the company or organisation
(B) application on behalf of an organisation 2 (if more than one organisation is making the application)

| Name of business or organisation |  |  |
| :---: | :---: | :---: |
| Name must match what is on the operating licence, or application for an operating licence |  |  |
| Registered address |  |  |
| Post town: | Postcode: |  |
| Phone number: |  |  |
| Email address: |  |  |

Operator licence number, or date application sent

If this is not an operational address, please give alternative details below for us to set up as the correspondence address.

Correspondence address for the company or organisation

## Part 3 - premises details

Proposed name of premises / trading name

Postal address of premises or, if none, ordnance survey map reference or 'what3words' reference or description

| Post town | Postcode |  |
| :--- | :--- | :--- | :--- |
| Phone number at premises (if any) |  |  |
| Email address of premises (if any) |  |  |

If the proposed premises is in part of a building, please describe the nature of the building (e.g. shopping centre, office block, stadium). Please include the number of floors within the building and which floor the premises would be located on.

If the proposed premises is situated in more than one licensing authority's area please name the other authorities where the premises would be partly located:

## Part 4 - operating times

Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods? Where the relevant type of premises is not subject to any default conditions the answer to this question will be 'no'

$$
\mathrm{Yes}^{\star} \bigcirc \quad \mathrm{No} \bigcirc
$$

*If yes, please complete the below to indicate when the premises would be available to use under the premises licence

|  | Start (hh:mm) | Finish (hh:mm) | Any seasonal variations |
| :--- | :--- | :--- | :--- |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

If you want the premises licence to have a condition restricting gambling to specific times of the year, please state the periods below using calendar dates:

## Part 5 - miscellaneous

Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence?

*if yes, please confirm whether an application to vary the main track premises licence has been submitted with this application

Yes



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

*if yes, please provide details $\qquad$
$\qquad$

Please set out any other matters which you consider relevant to your application

## Part 6 - declarations and checklist

I/we confirm that, to the best of my/out 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.

Please tick to confirm

- I have made or enclose payment of the fee (see page 7)
- A labelled plan of the (proposed) premises is enclosed (see page 8)
$\square$
- I /we understand that if the above requirements are not complied with the application may be rejected $\square$
- I /we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities (see page 7)


## Part 7 - signatures

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.


For joint applicants - signature of second applicant, second applicant's solicitor or other authorised agent. If signing on behalf of the applicant please state in what capacity.

| Signature |  |  |  |  |
| :--- | :--- | :--- | :--- | :---: |
| Date |  | If unable to provide <br> a digital signature <br> please type name <br> to the right: |  |  |
| Capacity |  |  |  |  |

Where there are more than two applicants please use an additional sheet to replicate and complete Part 2 and Part 7 for the remaining applicants.

Contact name and address for correspondence associated with this application

| Post town |  |  |  |
| :--- | :--- | :--- | :--- |
| Phone number: |  | Postcode |  |
| Mobile number: |  |  |  |
| Email address: |  |  |  |

## Please return this form with the fee of $£ 1,186^{*}$ to:

## licensing@west-lindsey.gov.uk

*Payment can be made by credit/debit card over the phone with customer services (01427 676676, option 6). If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the below details:

Account name: West Lindsey District Council
Sort code: 30-00-02
Account number: 04066818
Ref: LIC + name of applicant
Amount: £1,186
For office use: payment code 6007-40106-41162

If submitting your application by post, copies of this form and accompanying plan must be sent to all Responsible Authorities - see PDF document with list of addresses at https://www.west-lindsey.gov.uk/licensing/business-licences/gambling

Privacy Notice: We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: www.west-lindsey.gov.uk/licensing-privacy
This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see www.westlindsey.gov.uk/fairprocessingnotice or contact the finance department on 01427676560 or financeteam@west-lindsey.gov.uk

## Notes

Plans for the following applications need to show the below additional items:

## Adult Gaming Centre

- The location and extent of any part of the premises in which gaming machines will be made available


## Betting (tracks)

- The location and extent of any other areas which will be used for providing betting facilities
- The location and extent of any part of the premises in which category B or C gaming machines will be made available
- The nature and location of any barrier or other thing separating any area with category B or C gaming machines from any other part of the premises
- You can use a key to explain the symbols on the plan


## Betting (other than a track)

- The location and extent of any part of the premises which will be used to provide gambling facilities


## Bingo

- The location and area of any part of the premises used to provide facilities for gaming (other than those parts which include category B or C gaming machines)
- The location and extent of any area in which category B or C gaming machines will be made available for use
- The nature and location of any barrier or other thing separating any area with category $B$ or $C$ gaming machines from any other part of the premises


## Family Entertainment Centre

- The location and extent of any part of the premises in which category $C$ gaming machines will be made available
- The location and extent of the area in which category D gaming machines will be made available
- The nature and location of any barrier or other thing separating any area with category C gaming machines from any other part of the premises

