



**Temporary Use Notice (TUN) for premises other than vessels  
Notice under part 9 of the Gambling Act 2005**

**I** *(name)* .....

**of** *(home address)* .....

..... **Postcode** .....

**Email address** .....

**Phone number** .....

**intend to use** *(premises address)* .....

..... **Postcode** .....

**to provide facilities for any form of equal chance gaming where those participating in the gaming are taking part in a competition which is intended to produce a single, overall winner.** *Not including gaming by means of gaming machines See section 8 of the Gambling Act 2005 for the definition of "equal chance gaming"*

**The type of gaming which will take place under this notice is:**

.....  
.....

**starting** *(date)* ..... **and ending** *(date)* .....

**Additional Information**

**Please describe the nature of the premises to which the notice relates.** *Where the activities to be authorised by the notice are to take place only in a part of the premises, include a description of the nature of the part of the premises in which the activities are taking place and its location within the premises*

.....  
.....  
.....

**Please describe the nature of the event which is to take place.** *Include the number of persons who are expected to participate in the event.*

.....

.....

.....

**Please give for each day of the period of the notice, the times when activities are to begin and end.** *Use additional sheets if necessary*

Date	Start time	Finish time

**Please give the operating licence number of the person or organisation giving the notice:**

.....

**Please give the details of a person who is responsible for the conduct of the event to which the notice relates, and who will be available to be contacted during the course of the event.**

Name:	
Role:	
Phone number:	
Email address:	

**Have any activities taken place, or will any activities take place, at the premises under any other Temporary Use Notice in the 12 months preceding the last day of the period specified in this notice?**

Yes\*      No

\*see next question

**\*Where the answer to the previous question is 'yes' give the dates on which such activities have taken or will take place. Use additional sheets if necessary**

Start date	End date	No. of days

**Checklist:**

*Please tick to confirm*

- I am submitting this notice at least 3 months before the start date of the activities
- I have made payment or enclose the required fee (see page 5)
- I understand that the premises cannot be used under TUNs for more than 21 days in any 12 month period. I confirm that this notice will not lead to this limit being exceeded
- I understand that each of the persons and organisations listed on page 5 must be given a copy of the notice and that they must receive it no later than 6 days after the date it is sent or delivered to the licensing authority

**Declaration**

I confirm that, to the best of my knowledge, the information contained in this notice is true. I understand that it is an offence under section 342 of the Gambling Act 2005 without reasonable excuse to give information which is false or misleading in, or in relation to, this notice.

Signature of the person giving the notice, or their solicitor or other duly authorised agent. If signing on behalf of the person or organisation giving the notice, please state in what capacity.

Signature		If unable to provide a digital signature please type name to the right:	
Print name			
Date			
Capacity			

Contact name and address for **correspondence** associated with this notice

Post town

Postcode

Phone number:

Mobile number:

Email address:

**Endorsement of notice by Licensing Authority**

Endorsed by:

Signature	On behalf of West Lindsey District Council
Date	
Name of officer	
Role	

**Please return this form with the fee of £443\* to:**

[licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk)

\* Payment can be made by credit/debit card over the phone with customer services (01427 676676, option 6, option 1). If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the details below:

**Account name:** West Lindsey District Council

**Sort code:** 30-00-02

**Account number:** 04066818

**Ref:** LIC + name of premises

**Amount:** £443

*For office use: payment code 6007-40106-41162*

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**If submitting your application by post, copies of this form must be sent to:**

Licensing  
West Lindsey District Council  
Guildhall  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

Licensing (Alcohol)  
Lincolnshire Police  
Myles Cross Centre  
Macauley Drive  
Lincoln  
Lincolnshire  
LN2 4EN

The Gambling Commission  
Victoria Square House  
Victoria Square  
Birmingham  
West Midlands  
B2 4BP

HM Revenue and Customs  
Excise Processing Team  
BX9 1GL

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**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/](http://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.west-lindsey.gov.uk/fairprocessingnotice](http://www.west-lindsey.gov.uk/fairprocessingnotice) or contact the finance department on 01427 676560 or [FinanceTeam@west-lindsey.gov.uk](mailto:FinanceTeam@west-lindsey.gov.uk)