

Application to Licensing Section Eden District Council, Town Hall, Penrith, CA11 7QF

App No Office use only

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST If you are completing this form by hand, please write legibly in block capitals using ink. Use 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. Applications in respect of premises which are not a vessel should be made on the relevant form for those types of premises. Part 1 – Type of premises to which the application relates Regional Casino Large Casino Small Casino Bingo 🗌 Adult Gaming Centre Family Entertainment Centre Betting Part 2 – Applicant Details If you are an individual, please fill in Section A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Section B. Section A Individual applicant 1. Title: Mr \square Mrs \square Miss \square Ms \square Dr \square Other (please specify) 2. Surname: Other name(s): [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] 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.
[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.
[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. Name of vessel to which the application relates (if known):
11. Country in which vessel is registered (if known):
12(a). Give the place in the licensing authority's area at which the vessel is or will be situated or moored (Give an address with postcode if available):

12(b) Please confirm by ticking the appropriate box whether the place stated in question
12(a) is: (i) a fixed place in or on water at which the vessel is situated; or
(ii) a place at which the vessel is permanently moored; or
(iii) a place at which the vessel is habitually moored; or
(iv) in any other case, a place at which the vessel is moored or is likely to be moored or a place in the United Kingdom nearest to any place at which a vessel is, or is likely to be while activities are carried on in the vessel in reliance on the premises licence.
13. If you have ticked box (iii) or (iv) in your answer to question 12(b), please indicate the number of days or months in a year when you expect the vessel to be moored at the place stated in question 12(a):
14. If you have ticked box (iii) or (iv) in your answer to question 12(b), please describe the other places where, and/or any other circumstances in which, the vessel will be used in reliance on the premises licence:
15. Please give a brief description of the vessel. Please describe the location of your premises within the vessel and indicate the uses of the other parts of the vessel:

16(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.]

16(b). If the answer to question 16(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			

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

Part 5 - Miscellaneous

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:

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	rations and Checklist (Please at to the best of my/our knowle	dge, the information contained in this	
		offence under section 342 of the	
Gambling Act 2	2005 to give information which is	s false or misleading in, or in relation to,	Ш
this application			
Checklist:			
	nt of the appropriate fee has bee		
•	of the premises or proposed pre		
	derstand that if the above requir ion may be rejected	rements are not complied with the	
	derstand that it is now necessar ropriate notice to the responsible	y to advertise the application and give e authorities	
Part 7 – Signa	tures		
20. Signature of	f applicant or applicant's solicito	or or other duly authorised agent. If signing	g on behalf
of the applicant	, please state in what capacity:		
Signature:			
Print Name:			
Date:	(dd/mm/yyyy)	Capacity:	
21. For joint ap		cant, or 2 nd applicant's solicitor or other a	uthorised
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21. For joint ap agent. If signing Signature: Print Name: Date: [Where there a "Signature(s) o paragraphs 20"	plications, signature of 2 nd applications of the applicant, pleating on behalf of the applicant, pleating of the applicant	cant, or 2 nd applicant's solicitor or other at ase state in what capacity: Capacity: ease use an additional sheet clearly marked to should include all the information reque	ed sted in
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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: