Application for the reinstatement of a premises licence under the Gambling Act 2005

To: Licensing Department Shropshire Council Shirehall Abbey Foregate Shrewsbury SY2 6ND	Shropshire Council

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.

Part 1 – 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 ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ 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 2 – Premises Details

10. Trading name used at premises:

11. Give the address of the premises or, if none, give a description of the premises and its location. Where the premises are a vessel, give the place indicated in the premises licence as the place in the licensing authority's area where the vessel is wholly or partly situated. Where possible this should include an address with a postcode:

Postcode:

12. Telephone number at premises (if known):

13. Type of premises licence to be reinstated:

Regional casino ☐   Large casino ☐   Small casino ☐

Converted Casino ☐   Bingo ☐   Adult Gaming Centre ☐

| Betting (track) ☐ | Betting (other) ☐ | Family Entertainment Centre ☐ |

14. Premises licence number (if known):

15. If known, please give the name of the person who held the premises licence immediately before it lapsed:

Surname: Other name(s):

16. Please indicate as accurately as you can the date on which the premises licence lapsed:

Part 3 – Details of application for reinstatement

17. Please confirm by ticking the box that you are applying for the reinstatement to take effect on the date on which the application is granted. ☐

18. Please set out any other matters which you consider to be relevant to your application:

Part 4 – Declarations and Checklist *(Please tick as appropriate)*

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.	☐
I/ We confirm that the applicant(s) have the right to occupy the premises.	☐

Checklist:

- Payment of the appropriate fee has been made/is enclosed ☐
- A plan of the premises is enclosed ☐
- The existing premises licence is enclosed ☐
- The existing premises licence is not enclosed, but the application is accompanied by –
    - A statement explaining why it is not reasonably practicable to produce the licence and, ☐
    - An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence ☐
- I/we understand that if the above requirements are not complied with the application may be rejected ☐

Part 5 – Signatures

19. 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: _____ *(dd/mm/yyyy)* Capacity:

20. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Date: _____ *(dd/mm/yyyy)* 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 19 and 20.]

[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 6 – Contact Details

21(a) Please give the name of a person who can be contacted about the application:

21(b) Please give one or more telephone numbers at which the person identified in question 21(a) can be contacted:

22. Postal address for correspondence associated with this application:

Postcode:

23. 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: