

Bedford Borough Council

To: Licensing Service
Bedford Borough Council
Borough Hall
Cauldwell Street
BEDFORD
MK42 9AP

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

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 complete 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 names(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:

Section B		
Application on behalf of an org	ganisation	
6. Name of applicant business or	r 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 applicar	nt's operating licence (as given in	the operating licence):
8(b) If the applicant does not ho give the date on which the applic	old an operating licence but is in thation was made:	ne process of applying for one,
9. Tick the box if the application i	s being made by more than one c	organisation. \square
	nts, the information required in que this form, and those sheets should	
Part 2 – Premises Details 10. Trading name used at premises	ses:	
location. Where the premises are	nises or, if none, give a description a vessel, give the place indicated area where the vessel is wholly or ith a postcode:	d in the premises licence as the
Postcode:		
12. Telephone number at premis	es (if known)	
·	,	
13. Type of premises licence to be Regional Casino □Bingo □Betting (Track) □	Large Casino Adult Gaming Centre Betting (Other)	Small Casino ☐ Family Entertainment Centre ☐

14. Premises lic	ence number (if known):	
15. If known, plo	ease give the name of the person who held the premises licence imm	nediately
Surname:	Other name(s):	
16. Please indic	cate as accurately as you can the date on which the premises licence	lapsed:
Part 3 – Details	of application for reinstatement	
	irm by ticking the box that you are applying for the reinstatement to tach the application is granted. \square	ake effect on
18. Please set of	out any other matter which you consider to be relevant to your applica	ition:
	ations and Checklist (Please tick as appropriate)	
	at, to the best of my/our knowledge, the information contained in	
• •	is true. I/We understand that it is an offence under section 342 of	
relation to, this	ct 2005 to give information which is false or misleading in, or in	
	at the applicant(s) have the right to occupy the premises.	П
Checklist:	at the applicant(3) have the right to occupy the premises.	Ш
	of the appropriate fee has been made/is enclosed	П
-	the premises is enclosed	
•	·	
	ing premises licence is enclosed	Ш
	ing premises licence is not enclosed, but the application is nied 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 unde	erstand 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 2 nd applicant, or 2 nd 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 21 and 22.]
[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:

Data Protection Privacy Advice

Through the relevant application/notice forms, accompanying documentation and payment facilities associated with this licensing function the Council (the data controller) collects personal data. Personal data may also be collected in respect of further related requests for information from the applicant/person submitting the notice. This is necessary for the performance of legal obligations on it in respect of the relevant licensing function or otherwise necessary for the performance of a task carried out in the public interest or in the exercise of official authority. These also form the basis for the further processing of the personal data by the Council in connection with the application/notice, any determination of the same and any subsequent authorisation/appeal and issues that arise during the period of the authorisation/appeal. Beyond that, the Council will retain the records for 5 years and then destroy them securely. The Council will maintain and retain public registers and these are not destroyed. The Council may from time to time extract information itself from those public registers. The Council will share with and receive information from the following:

- Statutory Consultees as defined by legislation
- Public & Site Notice
- Ward Councillors
- o Parish Councils

in respect of data subjects who are applicants/notice givers and those who hold authorisations. It holds the personal data in a way designed to secure it from unauthorised use, loss or destruction. These measures include recruitment and training of staff, procurement of services and physical/cyber security. The Council's privacy statement for this function is available at www.bedford.gov.uk or upon request from the Council using the address and telephone contact details elsewhere on this form. The Council will update its privacy statement from time to time and you are urged to read that statement. You have information rights that are explained at https://tinyurl.com/y7uccndm. You can exercise your information rights by contacting the Council's Data Protection Officer at dpo@bedford.gov.uk or writing to Information Governance, Bedford Borough Council, Borough Hall, Cauldwell Street, Bedford MK42 9AP (Telephone (01234) 267422). If you believe that the Council has failed to comply with its data protection obligations you may contact the ICO at 0303 123 1113 or at www.ico.org.uk. Further contact details are available upon request.