

Bedford Borough Council

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

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

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. Where the application is in respect of a vessel the application should be made on the relevant form for that type 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 (Track) □ Betting (Other) Do you hold a provisional statement in respect of the premises? Yes If the answer is 'yes', please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement): 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 □ 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:						
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".]						

Postcode: 12. Telephone number at premises (if known): 13. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the premises are located. 14(a) Are the premises or proposed premises situated in more than one licensing authority area? Yes/No [delete as appropriate] 14(b) If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises or proposed premises are partly located, other than the licensing authority to which this application is made:

Part 4 – Times of operation

Part 3 - Premises Details

10. Proposed trading name to be used at the premises (if known):

15(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.]

15(b) If the answer to question 15(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			

16. If you want the premises licence to have a conditions restricting gambling to specific payear, please state the periods below using calendar dates:	periods in
Part 5 – Miscellaneous	
17(a) Does the application relate to premises or proposed premises which are part of a trother sporting venue which already has a premises licence: Yes/No [delete as application 17(b)] If the answer to question 17(a) is yes, please confirm by ticking the box that an application vary the main track premises licence has been submitted with this application:	ropriate]
18(a) Do you hold any other premises licences that have been issued by this licensing at Yes/No [delete as appropriate]	uthority?
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	1:
Part 6 – Declarations and Checklist (Please tick)	
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	
Checklist:	
 Payment of the appropriate fee has been made/is enclosed 	
 A plan of the premises or proposed premises is enclosed 	
 I/we understand that if the above requirements are not complied with the application may be rejected 	
 I/we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities 	

Part 7 – Signatures							
20. 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)/vvv)	Capacity:				
21. 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	n/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 20 and 21.]							
[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 8 - Contact	Details						
22(a) Please give the name of a person who can be contacted about the application:							
22(b) Please give one or more telephone numbers at which the person identified in question 22(a) can be contacted:							
24. Postal address for correspondence associated with this application:							
Postcode:							
25. 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
- 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.