

Application for a review 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 completed form for your records.

Part 1 – Applicant Details

1. Name of Applicant:

[Where the applicant is an individual please give your first name(s) as well as your surname]

2. Applicant's address (home or business *[check or tick appropriate box]*)

Postcode:

3(a) Are you making the application as a responsible authority? Yes No

3(b) If the answer to question 3(a) is yes, indicate the type of responsible authority:

4(a) If the answer to question 3(a) is no, please confirm by ticking or checking the box that you are applying as an interested party

4(b) If you have ticked or checked the box in answer to question 4(a), please indicate on what basis you qualify as an interested party:

[Where there are further applicants, the information required by questions 1 to 4(b) 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

5. Give the trading name used at the licensed premises to which the application for a review relates:

6. Give the address of the premises or, if not known, give a description of the premises and its location. Where the premises are a vessel, then (if known) 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. If possible, any address should include a postcode:

Postcode:

7. Type of premises:

Casino

Bingo Hall

Adult Gaming Centre

(arcade restricted to those who are 18 or over)

Betting (track)

Betting (other)

Family entertainment centre

(arcade which admits both over and under 18s)

8. Premises licence (if known):

9. Give the name of the person(s) or organisation(s) in whose name the licence is held.

[Where an individual is the licence holder please give their first name(s) as well as their surname.]

Part 3 – Details of grounds on which a review is being sought

10(a) Please give details of the grounds on which a review is being sought.

10(b) Indicate any specific actions you consider the licensing authority should take following the review, including the reasons why you consider those actions are appropriate:

Part 4 – Supporting Documents

11. List any supporting documents which you are submitting with the application:

Part 5 – Declarations and Checklist

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 understand that it is now necessary to give notice to the licence holder and the responsible authorities in relation to the premises

Part 6 – Signatures

12. 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:

[Where there is more than one applicant, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include, for each additional applicant, all the information requested in paragraph 12.]

[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 7 – Contact Details

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

13(b) Please give one or more telephone numbers at which the person identified in question 13(a) can be contacted:

14. Postal address for correspondence associated with this application:

Postcode:

15. If you are happy for correspondence in relation to the application to be sent via e-mail, please give the e-mail address to which you would like correspondence to be sent:


London Borough of Sutton applicants:


The completed application should be sent to:-


London Borough of Sutton, Licensing Team, 24 Denmark Road, Carshalton, SM5 2JG.

Alternatively you can send a scanned PDF copy of your application to licensing@sutton.gov.uk

The following **Payment Options** are available:

 **Online:** Debit and Credit Card payments can be made using our online payment facility at https://www.sutton.gov.uk/info/200466/pay_for_it

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8770 5000, selecting options 5 then 2

 **Post:** Cheques or postal orders should be made payable to 'Sutton Council'

Please note any statutory consultation periods will not commence until payment has been made and we have received your application form. It is your responsibility to contact us if you experience a problem in paying for your application.


Royal Borough of Kingston upon Thames applicants:


The completed application should be sent to:-

Royal Borough of Kingston upon Thames, Licensing Team, Guildhall 2, High Street, Kingston, KT1 1EU.

Alternatively you can send a scanned PDF copy of your application to licensing@kingston.gov.uk

The following **Payment Options** are available:

 **Post:** Cheques or postal orders should be made payable to 'Kingston Council'

 **Telephone:** Debit and Credit Card payments can be made by ringing (020) 8547 5080

If you wish to pay in this way, give clear telephone contact details on the top of the application form or in a covering letter. We will then contact you once we have received your form. Please note any statutory consultation periods will not commence until payment has been made. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.