**Application to transfer a premises licence under**

**the Gambling Act 2005**

***Please ensure that you read the information regarding Premises Licences (Gambling Act 2005) at winchester.gov.uk/licensing before submitting this form.***

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| **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:       |

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| 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 this 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 set out 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 this 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”.]* |

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| **Part 2 – Premises Details** |
| 10. Trading name used at licensed premises:      11. Address of the premises (or, if none, give a description of the premises and location):      Postcode:      12. Telephone number at the premises (if known):      13. Type of premises licence to be transferred:

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| Regional Casino | [ ]  | Large Casino | [ ]  | Small Casino | [ ]  |
| Bingo | [ ]  | Adult Gaming Centre | [ ]  | Family Entertainment Centre | [ ]  |
| Betting (Track) | [ ]  | Betting (Other) | [ ]  |  |  |

14. Premises licence number (if known):      15. Please give the full name of the current licence holder as it appears on the premises licence (if known):       |

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| **Part 3 – Details of application for transfer** |
| 16. Give the date on which you want the transfer to take effect, if approved: dd/mm/yyyy17. If you want section 189(6) of the Gambling Act 2005 to apply, please tick the box [ ] *[Section 189(6) of the Gambling Act 2005 enables the applicant to be treated as the premises licence holder from the date on which the application is made until the date on which it is decided].* 18(a). Have you contacted the holder of the premises licence? Yes/No *[delete as appropriate]*18(b). If the answer to question 18(a) is no, please confirm by ticking the box that you have taken all reasonable steps to contact the person holding the premises licence [ ] 18(c). If you have answered question 18(b) by ticking the box, please give full details of the steps that you have taken to contact the holder of the premises licence:      19. Please set out any other matters which you consider to be relevant to your application:       |

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| **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. *[Delete as applicable]* | [ ]  |
| I / we\* confirm that the applicant(s) have the right to occupy the premises. *[Delete as applicable]* | [ ]  |
| 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 -
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| * A statement explaining why it is not reasonably practicable to produce the licence and,
 | [ ]  |
| * An application under 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. *[Delete as applicable]*
 | [ ]  |

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| **Part 5 - 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Print name:       | Date:      Capacity:       |

21. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Print name:       | Date:      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 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:      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:      |