PEMBROKESHIRE COUNTY COUNCIL
CYNGOR SIR PENFRO

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

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.

Applications in respect of premises which are not a vessel should be made on the relevant form for those types 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	☐				

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 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 3 – Premises Details

10. Name of vessel to which the application relates (if known):

11. Country in which vessel is registered (if known):

12(a). Give the place in the licensing authority's area at which the vessel is or will be situated or moored (Give an address with postcode if available):

12(b) Please confirm by ticking the appropriate box whether the place stated in question 12(a) is:

(i) a fixed place in or on water at which the vessel is situated; or ☐

(ii) a place at which the vessel is permanently moored; or ☐

(iii) a place at which the vessel is habitually moored; or ☐

(iv) in any other case, a place at which the vessel is moored or is likely to be moored or a place in the United Kingdom nearest to any place at which a vessel is, or is likely to be while activities are carried on in the vessel in reliance on the premises licence. ☐

13. If you have ticked box (iii) or (iv) in your answer to question 12(b), please indicate the number of days or months in a year when you expect the vessel to be moored at the place stated in question 12(a):

14. If you have ticked box (iii) or (iv) in your answer to question 12(b), please describe the other places where, and/or any other circumstances in which, the vessel will be used in reliance on the premises licence:

15. Please give a brief description of the vessel. Please describe the location of your premises within the vessel and indicate the uses of the other parts of the vessel:

Part 4 – Times of operation

16(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.]*

16(b). If the answer to question 16(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			

17. If you want the premises licence to have a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

Part 5 – Miscellaneous

18(a) Do you hold any other premises licences that have been issued by this licensing authority? Yes/No *[delete as appropriate]*

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:

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/yyyy)* 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:

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 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:

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: