



APPLICATION TO TRANSFER 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

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. Mr Mrs Miss Ms Dr Other (please specify)

2. Surname:.....Other name(s):

[Use the names given in the applicants operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]

3. Applicants 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 2 – Premises Details

10. Trading name used at licensed premises :

11. Give the address of the premises or, if none, give a description of the premises and it's location. Where the premises are a vessel, give the place indicated in the premises licence as the place on the licensing authority's area where the vessel is wholly or partly situated. Where possible this should include an address with postcode:

Postcode:

12 Telephone number at premises (if known):

13..Type of premises licence to be transferred:

- | | | | | | |
|------------------|--------------------------|-----------------|--------------------------|-----------------------------|--------------------------|
| Regional Casino | <input type="checkbox"/> | Large Casino | <input type="checkbox"/> | Small Casino | <input type="checkbox"/> |
| Converted Casino | <input type="checkbox"/> | Bingo | <input type="checkbox"/> | Adult Gaming Centre | <input type="checkbox"/> |
| Betting (track) | <input type="checkbox"/> | Betting (other) | <input type="checkbox"/> | Family Entertainment Centre | <input type="checkbox"/> |

14. Premises licence number (if known):

.....

15. Please give name of the current licence holder as it appears on the premises licence (if known)

Surname : Other names
:

Part 3 – Details of application for transfer

16. Give the date on which you want the transfer to take effect if approved:

.....

17. If you want section 189(6) of the Gambling Act 2005 to apply, please tick the box

[Section 189(6) of the Gambling Act enables the applicant to be treated as the premises licence holder from the date on which this application is made until the date on which it is decided.]

18(a) Have you contacted the holder of the pre mises licence? Yes / No [delete as appropriate]

18(b) If the answer to question 18(a) is no, please confirm 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:

.....

.....

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.

I/We confirm that the application(s) have the right to occupy the premises.

Checklist:

- **Payment of the appropriate fee has been made/is enclosed**
- **A plan of the premises is enclosed**
- **The existing premises licence is not enclosed, but the application is accompanied by
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**

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: _____ 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: _____ 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 cop of the person's written signature.]

Part 6 – 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:

Data Protection: The London Borough of Brent will use this information for the purposes of The Gambling Act 2005 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes

Please return the completed form and accompanying documents to:-

Regulatory Services - Licensing

Brent Council

Brent Civic Centre

Engineers Way

Wembley

HA9 0FJ

 020 8937 5359

Email: business.licence@brent.gov.uk

Cheques should be crossed and made payable to L B of Brent.