



Gambling Act 2005

Application to Vary a Premises Licence

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black 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. Where the application is in respect of a vessel the application should be made on the relevant form for that type of application.

Once completed, send your application to the following:-

- Environmental Health - Licensing , Borough Council of King's Lynn and West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX.

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) _____
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2. Surname:	Other Name(s):
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[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]*):

Current postal address	
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Post Town:		Post Code:	
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Daytime telephone number:	
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Email address (optional):	----- @ -----
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4(a). The number of the applicant's operating licence (as set out in the operating licence):

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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:

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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:

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[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:

Current postal address	
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Post Town:		Post Code:	
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Telephone number:	
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8(a). The number of the applicant's operating licence (as set out in the operating licence):

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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:

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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".]

Part 3 – Premises Details

10. Proposed trading name for the premises (if known):

11. Name, postal address of premises (or, if none, give a description of the premises and their location). Where the premises are a vessel, 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. Where possible this should include an address with a postcode:

Post town:

Postcode:

12. Telephone number at premises (if known):

13. Type of premises licence to be varied: (please tick)

Regional Casino <input type="checkbox"/>	Large Casino <input type="checkbox"/>	Small Casino <input type="checkbox"/>
Bingo <input type="checkbox"/>	Adult Gaming Centre <input type="checkbox"/>	Family Entertainment Centre <input type="checkbox"/>
Betting (Track) <input type="checkbox"/>	Betting (Other) <input type="checkbox"/>	

14. Premises licence number (if known):

15. If you making this application alongside an application for transfer or re-instatement of a premises licence into your name, please give the name of the current licence holder as it appears on the premises licence (if known):

Surname: _____ **Other name(s):** _____

Part 3 – Details of Variations Applied for

16(a). Please give details of any variation which is being applied for. Where the application includes an application to exclude or vary a condition of the premises licence, identify the relevant condition here (unless it relates to hours of operation which are dealt with in questions 16(b) and 16(c)):

16(b). Do you want the Borough Council of King's Lynn & West Norfolk to exclude or vary a condition of the licence 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(c). 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 (hh:mm)	Finish (hh:mm)	Details of Seasonal Variations
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

17. Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued):

__ / __ / ____
(dd/mm/yyyy)

18. Please set out any other matters which you consider to be relevant to your application:

The Council has a duty to process and store your personal information safely and securely in line with data protection legislation, which here means the General Data Protection Regulations (Regulation (EC) 2016/679 which is in force from 25 May 2018) (GDPR) and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time, in the UK and then any successor legislation to the GDPR.

The Borough Council of King's Lynn and West Norfolk (the Council), of Kings Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX is the data controller for the purposes of the GDPR and associated domestic law.

We will use your personal information for the purposes of the provision of the licensing services. The processing of this information is necessary for the Council to undertake a public task, i.e. the processing is necessary for the Council to perform a task in the public interest or for its official functions, and the task or function has a clear basis in law, in this case the Gambling Act

Your data will be used for this specific purpose and may be passed to such third parties, including Council departments and other agencies where there is lawful authority to do so, including for the purposes of preventing or detecting fraud or other crimes.

Your information will be kept strictly confidential. It will be stored separately from other information in a secure, password-protected database on the Council's computer system.

Your personal information will be kept for as long as you require a licence and for a period after the service is terminated. You can find more information about our retention policy on the [privacy notice](https://www.west-norfolk.gov.uk/privacy) page which can be found at the following link <https://www.west-norfolk.gov.uk/privacy>. We will only use your data within the terms of data protection laws, will delete your data securely and only keep it for as long as necessary. We will review dates for keeping personal data in the future and if necessary update these privacy notices.

You have a number of rights available to you, including the right to see copies of all the data held about you by the Council, to ask for it to be corrected, updated or deleted, to request the Council to restrict what it does with your data in certain circumstances, to object to what the Council may do with your data, and to data portability.

Please note that these rights are not absolute and that there are circumstances where they do not apply or the Council's obligations may override these rights. If this is the case, you will be informed of this.

You can find more information about Data Protection and the Council's Data Protection Officer, on our [Data Protection](https://www.west-norfolk.gov.uk/dataprotection) page which can be found at the following link <https://www.west-norfolk.gov.uk/dataprotection>

If you are unhappy with the way your personal information is being handled you can contact the [Independent Information Commissioner, website: https://ico.org.uk/](https://ico.org.uk/).

Part 4 – Declarations & 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.	<input type="checkbox"/>
I / we confirm that the applicant(s) have a right to occupy the premises.	<input type="checkbox"/>
Checklist:	
• Payment of the appropriate fee has been made / is enclosed	<input type="checkbox"/>
• A plan of the premises is enclosed (2 copies, one of which will be returned appended to the licence)	<input type="checkbox"/>
• The existing premises licence is enclosed	<input type="checkbox"/>
• 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	<input type="checkbox"/>
○ An application under Section 190 of the Gambling Act 2005 for the issue of a copy of the licence	<input type="checkbox"/>
• I / we understand that if the above requirements are not complied with the application may be rejected	<input type="checkbox"/>
• I / we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities	<input type="checkbox"/>

Part 5 - Signatures

19. 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:**

Capacity: **Date:**

20. 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:**

Capacity: **Date:**

[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.]

Part 8 – Contact Details

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

21(b). Please give one or more telephone numbers at which the person identified in question 23(a) can be contact:

22. Postal address for correspondence associated with this application:

Post Code:

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

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