



## Application for the reinstatement 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

*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  Business

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 the premises:

11. Give the address of the premises or, if none, give a description of the premises and its 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:

Postcode:

12. Telephone number at premises (if known):

13. Type of premises licence to be reinstated:

~~Regional Casino~~

~~Large Casino~~

~~Small Casino~~

~~Converted Casino~~

Bingo

Adult Gaming Centre

Betting (Track)

Betting (Other)

Family Entertainment Centre

14. Premises licence number (if known):

15. If known, please give the name of the person who held the premises licence immediately before it lapsed:

16. Please indicate as accurately as you can the date on which the premises licence lapsed:

### Part 3 – Details of application for reinstatement

17. Please confirm by ticking the box that you are applying for the reinstatement to take effect on the date on which the application is granted:

18. 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 applicant(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 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 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:

Date: (dd/mm/yyyy) Capacity:

20. For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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 19 and 20.]*

*[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 6 – 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 13(a) can be contacted:

22. Postal address for correspondence associated with this application:

Postcode:

23. 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:



## **Guidance for applicants: Applying to reinstate a premises licence under the Gambling Act 2005**

The Gambling Act 2005 sets out a number of grounds in section 194 (where a licence-holder dies, becomes incapable of carrying on licensable activities due to mental or physical incapacity, becomes bankrupt, or, in the case of an organisation, ceases to exist or goes into administration), which cause any premises licence held by that person or organisation to lapse. During the following six months, an application may be made to reinstate the licence, which, if successful, will result in the applicant becoming the new licence-holder.

An applicant for the reinstatement of a premises licence must have a legal right to occupy and utilise the licensed premises before they may make an application. If more than 6 months has passed since the licence lapsed, it is not possible for it to be reinstated, and a new application would be required before any further gambling activities could be carried on.

### **How to apply**

Application forms are available for download from our website, at [www.dacorum.gov.uk/licensing](http://www.dacorum.gov.uk/licensing), or can be requested on 01442 228470 or by email to [licensing@dacorum.gov.uk](mailto:licensing@dacorum.gov.uk). Please ensure that you have the appropriate application form before beginning to complete it.

Your application should be accompanied by:

- The existing premises licence \*
- The appropriate application fee (detailed below).

*\* If it is not possible to provide the premises licence with your application, a statement as to why this is the case should be provided, along with an application for a duplicate copy of the licence.*

The completed application form and all of the accompanying documents should be sent to the Licensing Section, at the address given at the end of these notes.

### **Operating Licences & Personal Licences**

Before any application can be made for the reinstatement of a Premises Licence, an application for a relevant Operating Licence must have been submitted to the Gambling Commission. Further details on Operating Licences and Personal Licences are available direct from the Gambling Commission, on 0121 230 6666, or through their website, [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk). Please note that no Premises Licence will be issued before an appropriate Operating Licence is confirmed as granted.

### **Interim authority**

Question 17 on the application form allows the applicant to request that they are treated as if they were the licence-holder during the application period. This will allow an established premises to continue operating under the authority of the premises licence while the application is considered. However, the use of this provision does not exempt the applicant from any other requirement under the Act, such as the need to hold a valid Operating Licence. The effect of this section will commence when the application is received by the licensing authority, and end upon determination of the application.

## Consultation

When making a reinstatement application, a number of Responsible Authorities must be given notice of your application, within 7 days of submitting your application. A format has been prescribed for this notice, and templates are located at the rear of these notes –

- Use Form A if only one individual or company is making the application.
- Use Form B if the application is being made jointly by two or more individuals and/or companies.

Notice must be given to the four authorities identified below:

### **The Gambling Commission**

Victoria Square House  
Victoria Square  
Birmingham  
B2 4BP

Email: [info@gamblingcommission.gov.uk](mailto:info@gamblingcommission.gov.uk)

### **Hertfordshire Constabulary**

Licensing – Dacorum Division  
Combe Street  
Hemel Hempstead  
HP1 1HL

Email: [Dacorumlicensing@herts.pnn.police.uk](mailto:Dacorumlicensing@herts.pnn.police.uk)

### **HM Revenue and Customs**

National Registration Unit  
Portcullis House  
21 India Street  
Glasgow  
G2 4PZ

Email: [nrubetting&gaming@hmrc.gsi.gov.uk](mailto:nrubetting&gaming@hmrc.gsi.gov.uk)

### **Hertfordshire Safeguarding Children Board**

Room 127, County Hall  
Pegs Lane  
Hertford  
SG13 8DF

Email: [admin.lscb@hertfordshire.gov.uk](mailto:admin.lscb@hertfordshire.gov.uk)

Representations from any of these Responsible Authorities will be accepted during the period of 28 days starting from when your application is made. If a valid representation is received, the application will be referred to a meeting of the Licensing Sub-Committee for determination.

There is no requirement for newspaper or premises advertisements as part of a reinstatement application.

Failing to properly notify the Responsible Authorities will delay the determination of your application.

## Application Fees

The application fee is dependent on the type of premises licence you are applying to reinstate. All premises licence fees are set by the local licensing authority, up to a maximum amount prescribed by regulations. A list of the application fees set by Dacorum Borough Council can be obtained from the Gambling & Lotteries section of our website, using the following link:

<http://www.dacorum.gov.uk/licensing>

Alternatively, to find out an appropriate fee, please contact a member of staff within the Licensing Section, by telephone on 01442 228470, or by email to [licensing@dacorum.gov.uk](mailto:licensing@dacorum.gov.uk). In all cases, payment should be made payable to the 'Dacorum Borough Council'.

## Annual Fee

An annual fee is payable to the licensing authority to maintain all premises licences, upon the anniversary of the date that the licence originally took effect. Reinstatement applications have no impact on this date, and, if the application is successful, the new holder of the premises licence will be expected to pay any fees incurred while they hold that licence.

## Further information and assistance

If you require any further information regarding gambling premises licences, or assistance in completing your application, please contact the Licensing Section using the details given below:

By Post Licensing, Dacorum Borough Council, The Forum, Marlowes, Hemel Hempstead, HP1 1DN

By Email [licensing@dacorum.gov.uk](mailto:licensing@dacorum.gov.uk)

By Phone 01442 228470

Website [www.dacorum.gov.uk/licensing](http://www.dacorum.gov.uk/licensing)

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## Consent letter and consultation form templates

1. Notice of application to responsible authorities
  - a. Form A (*where the application is made by a single applicant*)
  - b. Form B (*where the application is made by joint applicants*)

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## NOTICE OF APPLICATION FOR THE REINSTATEMENT OF A PREMISES LICENCE (FORM A)

For use by a single applicant, as Notice of Application to Responsible Authorities  
Joint applicants should use Form B instead

**This notice is issued in accordance with regulations made under section 160 of the Gambling Act 2005.**

Notice is hereby given that:

.....  
*[Give the full name of the applicant. The name should be the same as that given in Part 1 of the application for reinstatement of the premises licence]*

of the following address:

Postcode:

.....  
*[Give the full address of the applicant. The address should be the same as that set out in Part 1 of the application for reinstatement of a premises licence.]*

the number of whose operating licence is

or who applied for an operating licence on

.....  
*[Delete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]*

has made an application for the reinstatement of a premises licence of the following type:

.....  
*[Specify the type of premises licence to which the application relates.]*

The application relates to the following premises:

.....  
*[Give the trading name used at the premises, and the address of the premises (or, if none, give a description of the premises and their location).]*

The lapsed premises licence was held by:

.....  
*[Give the full name of the licence holder(s) as set out in the premises licence (if known).]*

The number of the premises licence:  
*(if known)*

*[Insert here the reference number of the premises licence as given in the licence itself.]*

The application has been made to the following licensing authority:

**Dacorum Borough Council**  
**Licensing, The Forum, Marlowes, Hemel Hempstead, HP1 1DN**

Tel: **01442 228470**  
Email: **licensing@dacorum.gov.uk**  
Website: **www.dacorum.gov.uk/licensing**

Information about the application is available from the licensing authority, including the arrangements for viewing the details of the application.

The following person connected with the applicant is able to give further information about the application:

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*[This entry is optional and is to be included if the applicant wishes to provide the name, telephone number and (if available) e-mail address of a person connected with the applicant who is able to answer questions and provide further information about the application.]*

**Any representations under section 161 of the Gambling Act 2005 must be made no later than the following date:**

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*[Please insert last day on which representations may be made in relation to the application. The period for making representations is 28 days (inclusive) starting with the day on which the application for the premises licence was made to the licensing authority.]*

N.B. A copy of this form should be sent to the Gambling Commission, HM Revenues & Customs, Hertfordshire Constabulary and Hertfordshire Safeguarding Children Board, at the same time as you send the application to the licensing authority. Contact details are provided in the guidance notes to the application form.



## NOTICE OF APPLICATION FOR THE REINSTATEMENT OF A PREMISES LICENCE (FORM B)

For use by joint applicants, as Notice of Application to Responsible Authorities  
Single applicants should use Form A instead

**This notice is issued in accordance with regulations made under section 160 of the Gambling Act 2005.**

Notice is hereby given that the persons or organisations whose details are given in the Schedule to this notice have applied for the reinstatement of a premises licence of the following type:

.....  
*[Specify the type of premises licence to which the application relates.]*

The application relates to the following premises:

.....  
*[Give the trading name used at the premises, and the address of the premises (or, if none, give a description of the premises and their location).]*

The lapsed premises licence was held by:

.....  
*[Give the full name of the licence holder(s) as set out in the premises licence (if known).]*

The number of the premises licence:  
*(if known)*

.....  
*[Insert here the reference number of the premises licence as given in the licence itself.]*

The application for a premises licence has been made to the following licensing authority:

**Dacorum Borough Council**  
**Licensing, The Forum, Marlowes, Hemel Hempstead, HP1 1DN**

Tel: **01442 228470**  
Email: **licensing@dacorum.gov.uk**  
Website: **www.dacorum.gov.uk/licensing**

Information about the application is available from the licensing authority, including the arrangements for viewing the details of the application.

The following person connected with the applicant is able to give further information about the application:

.....  
*[This entry is optional and is to be included if the applicant wishes to provide the name, telephone number and (if available) e-mail address of a person connected with the applicant who is able to answer questions and provide further information about the application.]*

**Any representations under section 161 of the Gambling Act 2005 must be made no later than the following date:**

*[Please insert last day on which representations may be made in relation to the application. The period for making representations is 28 days (inclusive) starting with the day on which the application for the premises licence was made to the licensing authority.]*

## Schedule of Applicants

The persons or organisations making the application are as follows:

Name of 1<sup>st</sup> Applicant: \_\_\_\_\_

*[Give the full name of the applicant. The name should be the same as that given in Part 1 of the application for reinstatement of the premises licence.]*

Address of 1<sup>st</sup> Applicant: \_\_\_\_\_

Postcode: \_\_\_\_\_

*[Give the full address of the 1st applicant. The address should be the same as that set out in Part 1 of the application for reinstatement of the premises licence.]*

The number of the operating licence held by 1<sup>st</sup> Applicant is: \_\_\_\_\_

The 1<sup>st</sup> Applicant applied for an operating licence on: \_\_\_\_\_

*[Complete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]*

Name of 2<sup>nd</sup> Applicant: \_\_\_\_\_

*[Give the full name of the applicant. The name should be the same as that given in Part 1 of the application for reinstatement of the premises licence.]*

Address of 2<sup>nd</sup> Applicant: \_\_\_\_\_

Postcode: \_\_\_\_\_

*[Give the full address of the 2nd applicant. The address should be the same as that set out in Part 1 of the application for reinstatement of the premises licence.]*

The number of the operating licence held by 2<sup>nd</sup> Applicant is: \_\_\_\_\_

The 2<sup>nd</sup> Applicant applied for an operating licence on: \_\_\_\_\_

*[Complete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]*

***[Where there are more than two applicants, also give the same information for the other applicants.]***

N.B. A copy of this form should be sent to the Gambling Commission, HM Revenues & Customs, Hertfordshire Constabulary and Hertfordshire Safeguarding Children Board, at the same time as you send the application to the licensing authority. Contact details are provided in the guidance notes to the application form.