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Application for a Prize Gaming Permit

**Gambling Act
2005**

SCARBOROUGH BOROUGH COUNCIL

Licensing Services, Town Hall, St Nicholas Street, Scarborough, YO11 2HG

Application for Conversion / Grant / Change of Name

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.

Section A – What do you want to do?

1. Please indicate what you would like to do?

a) Apply **to convert** an existing Section 16 Permit issued under the Lotteries and Amusements Act 1976 into a prize gaming permit

b) Apply for a **new** prize gaming permit

c) Request that the Licensing Authority **changes the name** on the Permit due to the existing permit holder's change of name or wish to be known by another name

(if you choose this option then please also complete Section C)

Section B – Application for grant (includes both new and conversion applications)

2. Do you have an existing Section 16 Permit issued under the Lotteries and Amusement Act 1976?

Yes/ No [delete as appropriate]

If 'yes' the Permit should be enclosed * Existing Section 16 Permit enclosed

3. Are you aware of any premises licence, issued under the Gambling Act 2005, which exists in relation to the premises to which this application relates?

Yes/ No [delete as appropriate]

If 'yes' please provide details (e.g. Premises Licence Number)

.....

Section C – Change of Name (where applicable)

4. What is the name of the permit holder on the existing permit?

.....

5. What is the reference (e.g. number) of the existing permit?

.....

6. What name change is requested by the permit holder?

.....

7. Why is this change of name being requested?

.....

.....

Section D – Applicant Details

If you are an individual, please fill in part A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Part B.

Part A

Individual applicant

7. Title: Mr Mrs Miss Ms Dr Other (please specify)

.....

8. Surname: Other name(s):

9. Applicant's address (home or business [*delete as appropriate*]):

.....

.....

..... Postcode:.....

10. Telephone Number (inc STD code:

Evening:

Daytime:

11. E-mail address:
(optional)

12. Are you over 18? **Yes/ No** [*delete as appropriate*]

Part B
Application on behalf of an organisation

13. Type of organisation:

limited company

partnership

unincorporated association

other (please specify)

14. Name of applicant business or organisation:
.....

15. Registered or principal address:
.....
.....
..... Postcode:

16. Company registration number (if applicable)

Declaration:

I confirm that I am authorised to make this application on behalf of the organisation

(please tick)

Signed:

Dated:

Section E – Premises Details

17. Trading name of premises:

18. Address of premises:

.....
..... Postcode:

19. Telephone number at premises (if known):
.....

20. Number of staff employed at the premises:

Section F – Children

21. Describe the steps that you intend to take regarding how staff will deal with unsupervised children and children causing perceived problems on or around the premises.

.....
.....
.....

22. Please indicate the Proof of Age scheme in place at the premises?

.....
.....

Section G – Declaration & Checklists

I confirm that, to the best of my knowledge, the information contained in this application is true. I understand that it is an offence under Section 342 of the Gambling Act 2005 if a person, without reasonable excuse, gives information which is false or misleading.

I confirm that I am aware of the relevant rules and Codes of Practice relating to Prize Gaming Permits that will apply to this Permit

I confirm that my staff have a full understanding of the maximum stakes and prizes permissible under this Permit and can produce evidence to support this if required.

I confirm that I have complied with the relevant legislation relating to Health and Safety and Fire and can produce evidence to support this if required.

Checklist:

- I have made/enclosed payment of the correct fee
- Where applicable, I have enclosed my Section 16 Permit
- I have enclosed a scaled plan of the premises indicating the location of the machines and any notices to be displayed
- I have enclosed a basic CRB check (dated within one calendar month of the date of the application)
- I have enclosed the original, or certified copy, of my current Public Liability Insurance documentation

- I understand that if the above requirements are not complied the my application may be rejected
- I understand that I must now give a copy of this application to the Chief Officer of Police

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of an applicant, please state capacity:

Signature:

Print Name:

Date: **Capacity:**
(dd/mm/yyyy)

Using your personal information

We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given, for example to provide you with the information or services requested or to administer and protect public funds. We may share your information with, and obtain information about you from, other departments of the Council or other organisations where it is lawful to do so, for example to check the accuracy of information or to prevent or detect crime. For further information on how we collect, use, share, secure and retain your personal information, and your legal rights, please see our Privacy Notice at www.scarborough.gov.uk/gdpr or by contacting Customer First. Our Data Protection Officer can be contacted at the Town Hall, St Nicholas Street, Scarborough, YO112HG (tel 01723 232323 or email dataprotection@scarborough.gov.uk).

Additional Information required in accordance with the Gambling Policy Statement of Principles for Prize Gaming Permits

The Licensing Authority will wish to see additional information when an applicant applies for this Permit, as follows:

- ❖ A 1:100 scaled plan of the premises showing the boundary of the permitted area.
- ❖ A criminal record disclosure check from a recognised body dated within one calendar month of the date of the application being submitted to the Licensing Authority.
- ❖ Evidence of staff training by way of a Premises Log Book, covering how staff would deal with unsupervised very young children being on the premises, or children causing perceived problems on/around the premises or suspected truant school children on the premises. The Log Book should be signed and dated by staff to prove that training has been undertaken and understood;
- ❖ Evidence that staff are aware of the limits to stakes and prizes as set out in the Regulations and that the gaming is offered within the law;
- ❖ Evidence that the applicant has complied with Health and Safety and Fire Safety legislation;
- ❖ Numbers of staff employed;
- ❖ Current Public Liability insurance documents and any other such information the Licensing Authority will from time to time require;
- ❖ Any other policies or procedures in place to protect children from harm.

FEES

Existing Operator	£100
New Application	£300
Renewal	£300