

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

Swansea Council is the data controller for the personal information you provide on this form. We are collecting this information as part of our obligation under the Gambling Act 2005. Your information will be used to help us fulfill our legal obligation and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.

Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice on our website.

## 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.

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
<ul><li>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]</li><li>7. The applicant's registered or principal address:</li></ul>
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):
<ul><li>11. Country in which vessel is registered (if known):</li><li>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):</li></ul>

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:

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Part 4 –	Himes	OT OR	peratio

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:

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	tions and Checklist (Pleas	wledge, the information contained in this	
		an offence under section 342 of the	
_	05 to give information which	is false or misleading in, or in relation to,	
this application. Checklist:			
	of the appropriate fee has b	een made/is enclosed	
	the premises or proposed p		
·		uirements are not complied with the	
	n may be rejected		
	erstand that it is now necess priate notice to the responsi	sary to advertise the application and give ble authorities	
Part 7 – Signatu			1 1 16
	applicant or applicant's solic please state in what capacity	itor or other duly authorised agent. If signing $\sigma$	g on behalf
	product crate in what capacity	, .	
Signature:			
Print Name:	( al al / a a a a / a a a a )	Occasión:	
Print Name: Date:	(dd/mm/yyyy)	Capacity:	
Date:			uthorised
Date:	ications, signature of 2 <sup>nd</sup> app	Capacity:  Dlicant, or 2 <sup>nd</sup> applicant's solicitor or other at ease state in what capacity:	uthorised
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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:
25. I ostal 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: