Receipt No 231738

InitialsEME

Application for a premises licence under the Gambling Act 2005 (standard application)

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. South Lakeland District Council Where the application is- Public Protection						
 In respect of a vessel, or To convert an authorisation granted under the Betting, Gambling and Lotteries Act 1968 or Gan 1968, 						
the application should be made on the relevant form for that type of premises application						
Part 1 – Type of premises licence applied for						
Regional casinoLarge casinoSmall casinoBingoXAdult Gaming CentreFamily Entertainment CentreBetting (Track)Betting (Other)						
Do you hold a provisional statement in respect of the premises? Yes \square No $_{X}$						
If the answer is "yes", please give the unique reference number for the provisional statement (as set at the top of the first page of the statement):						
Part 2 – 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 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: \Box						
[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:

Park Resorts Ltd

[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:

3 Bunhill Row, London

Postcode: EC1Y 8YZ

8 (a) The number of the applicant's operating licence (as given in the operating licence):

000-003356-N-103446-003

8 (b) If the applicant does not hold an operating licence but is in the process of applying for one, give a 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. Proposed trading name to be used at the premises (if known):

White Cross Bay Leisure Park

11. Address of the premises (or, if none, give a description of the premises and their location):

Ambleside Road Winderemere Cumbria

Postcode: LA23 1LF

12. Telephone number at premises (if known): 01539 443937

13. If the premises are in only part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and floor(s) on which the premises is located.

Club Room within the holiday complex as defined in red on the enclosed plan

14(a) Are the premises situated in more than one licensing authority area?

14(b) If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises are partly located, other than the licensing authority to which this application is made:

Part 4 – Times of operation

15(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? No

[Where the relevant kind of premises licence is not subject to any default conditions, the answer to this question will be no. In all cases the answer to this question will be no.]

15(b). 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	Finish	Details of any seasonal variation
Mon			
Tue Wed			
Wed			
Thurs			
Fri			
Fri Sat Sun			
Sun			

16. If you wish to apply for a premises licence with a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates: NA

Part 5 – Miscellaneous

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

18(a). Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence?

No

18(b). If the answer to question 18(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application.

19(a). Do you hold any other premises licences that have been issued by this licensing authority?

Premises Licence issued under the Licensing Act, S282 notification and FEC GMP

19(b). If the answer to question 19(a) is yes, please provide full details:

As above

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

The application is for a new Bingo Premises Licence for the Club Room delineated red on the enclosed plan

Part 6 – Declaration and Checklist (please tick)

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 s. 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 right to occupy the premises.	✓ ¹				
Checklist:					
Payment of the appropriate fee has been made/is enclosed	\checkmark				
 A plan of the premises is enclosed I/ we understand that if the above requirements are not complied 	~				
with the application may be rejected					
 I/ we understand that it is now necessary to advertise the application 	\checkmark				
and give the appropriate notice to the responsible authorities					
Part 7 – Signatures					
21. 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: Blake Lapthorn					
Date: 26.2.2014 (dd/mm/yy) Capacity: Solicitors					
22. For joint applicants, 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:(dd/mm/yy) Capacity:					
Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". These sheets should include all the information requested in paragraphs 21 and 22.					
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 8 – Contact Details					
23(a) Please give the name of a person who can be contacted about the application:					
Sarah Wallsgrove					
23(b) Please give one or more telephone numbers at which the person identified in question can be contacted:					
Direct Line: 02380 908090					
24. Postal address for correspondence associated with this application:					
Blake Lapthorn New Kings Court, Tollgate, Chandler's Ford Eastleigh					
Postcode: SO53 3LG					
25. 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:					
sarah.wallsgrove@bllaw.co.uk					

