

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

## 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.

Where the application is in respect of a vessel, the application should be made on the relevant form for that type of premises or application.

### Part 1 – Type of premises licence applied for

<del>Regional Casino</del>	Large Casino	Small Casino
Bingo	<del>Adult Gaming Centre</del>	Family Entertainment Centre
<del>Betting (Track)</del>	Betting (Other) ✓	

Do you hold a provisional statement in respect of the premises?  Yes  No

If the answer is “yes”, please give the unique reference number for the provisional statement (as set out 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            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.]*

**WILLIAM HILL ORGANIZATION LIMITED**

7. The applicant's registered or principal address:

**1 BEDFORD AVENUE  
LONDON  
WC1B 3AU**

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

**004-002752-N-102413-01**

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. Proposed trading name to be used at the premises (if known):

**WILLIAM HILL**

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

**33 SYLVANIA WAY SOUTH  
CLYDE SHOPPING CENTRE  
CLYDEBANK  
G81 1EA**

12. Telephone number at premises (if known):

13. If the premises are in only a 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 the floor(s) on which the premises are located.

BETTING OFFICE TO TRADE FROM GROUND FLOOR SINGLE STOREY PREMISES  
ON PARADE OF SHOPS WITHIN CLYDE SHOPPING CENTRE – PREMISES  
CURRENTLY TRADING AS 'CASH GENERATOR'.

14(a) Are the premises situated in more than one licensing authority area?  Yes  No

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?  Yes  No

*[Where the relevant kind of premises licence is not subject to any default conditions, 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 (hh:mm)	Finish (hh:mm)	Details of any seasonal variation
Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			
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:

#### Part 5 – Miscellaneous

17. Proposed commencement date for licence: (dd/mm/yyyy)  
(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?	Yes	No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/>	No
19(b). If the answer to question 19(a) is yes, please provide full details:		
<b>PLEASE SEE 'ANNEX A' – END OF THIS DOCUMENT</b>		
20. Please set out any other matters which you consider to be relevant to your application:		
N/A		

<b>Part 6 – Declarations and Checklist (Please tick)</b>	
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 checked="" type="checkbox"/>
I/ We confirm that the applicant(s) have the right to occupy the premises.	<input checked="" type="checkbox"/>
<b>Checklist:</b>	
• Payment of the appropriate fee is being made by BACS & Remittance Advice will be sent separately	<input checked="" type="checkbox"/>
• A plan of the premises is enclosed	<input checked="" type="checkbox"/>
• I/ we understand that if the above requirements are not complied with the application may be rejected	<input checked="" type="checkbox"/>
• I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities	<input checked="" type="checkbox"/>

<b>Part 7 – Signatures</b>	
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:	ANDREW ASHTON
Date:	03 November 2022
Capacity:	Retail Licensing & Development Manager

22. 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 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:

ANDREW ASHTON

23(b) Please give one or more telephone numbers at which the person identified in question 13(a) can be contacted:

24. Postal address for correspondence associated with this application:

LICENSING & DEVELOPMENT DEPT  
(F.A.O. Mrs K Paraskeva)  
WILLIAM HILL ORGANIZATION LIMITED  
PO BOX 170  
LEEDS  
LS2 8JF

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:

[licensing@williamhill.co.uk](mailto:licensing@williamhill.co.uk)

**ANNEX A - Reference 19(b) List of other William Hill Premises :-**

WILLIAM HILL PREMISES ADDRESSES				LICENCE NO's
86/88 MAIN STREET	ALEXANDRIA		G83 0PX	GA/04/BET
39 HIGH STREET	DUMBARTON		G82 1LS	GA/10/BET
UNITS 6 & 7 DALMUIR SHOPPING CENTRE	DUMBARTON ROAD	DALMUIR, CLYDEBANK	G81 4BB	GA/07/BET
UNIT 1, 25 GLASGOW ROAD	HARDGATE	CLYEBANK	G81 5PJ	GA/08/BET
6 RADNOR STREET	CLYDEBANK		G81 3BZ	GA/09/BET
129 HIGH STREET	DUMBARTON		G82 1LE	GA/05/BET

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