



Form B

**NOTICE OF APPLICATION FOR THE REINSTATEMENT OF A PREMISES LICENCE**

***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 application has been made to the following licensing authority:

Postcode

Website

*[Insert name of the licensing authority and the address of its principal office, followed by the address of its website]*

The lapsed premises licence was held by:

*[Give the full name of the licence holder(s) as given on 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.]*

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 was made to the licensing authority.]*

## **SCHEDULE OF APPLICANTS**

The persons or organisations making the application are as follows:

Name of 1st 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 1st 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 1st Applicant is:

| /

The 1st Applicant 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.]*

Name of 2nd 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 2nd Applicant:

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 the premises licence.]*

The number of the operating licence held by 2nd Applicant is:

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The 2nd Applicant 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.]*

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