

ARGYLL AND BUTE LICENSING BOARD

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

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 s*

## Section B

Application on behalf of an organisation

6. Name of applicant business or organisation:

*[Use the names given in the applic  
operating licence, as given in any application for an operating licence]*

7. The applicant's registered or principle address:

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 question 6 to 8 should be included on additional sheets attached to this form, q66.86, q66.86, q66.86, q4h.m, 86ion sh16.8arlyngm4e)kcl*





## Part 7 - Signatures

20. Signature of the 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 \_\_\_\_\_

Date \_\_\_\_\_ Capacity \_\_\_\_\_

21. For joint applications, signature of 2<sup>nd</sup> applicant, or 2<sup>nd</sup> applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Capacity \_\_\_\_\_

*[Where there are more than two applicants, please use an additional sheet clearly marked paragraphs 21 and 22]*

*[Where the application is to be submitted in an electronic form, the signature should be generated*

## Part 8 Contact Details

22(a) Please give the name of a person who can be contacted about the application:

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:

Postcode:

24. If you are happy for correspondence in relation to your application to be sent via email, please give the email address to which you would like correspondence to be sent:

