



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 for the premises licence 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 as set out in Part 2 of the application for a premises licence is more than one applicant]*

Address of 1st Applicant: .....

.....

.....

.....Postcode .....

*[Give the full address of the applicant as set out in Part 2 of the application for a 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 as set out in Part 2 of the application for a premises licence is more than one applicant]

Address of 2nd Applicant: .....

.....

.....

.....Postcode .....

[Give the full address of the applicant as set out in Part 2 of the application for a premises licence]

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

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.]**

**Licensing Authority contact details:**

The Licensing Section, Environmental Health Service, Stroud District Council, Council Offices, Ebley Mill, Westward Road, Stroud, Glos. GL5 4UB.

**Telephone:** 01453 754440      **Fax:** 01453 754963

**Email:** [licensing@stroud.gov.uk](mailto:licensing@stroud.gov.uk) **Website:** [www.stroud.gov.uk](http://www.stroud.gov.uk)

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