



Application for the Grant/Renewal of a Games' Dealer Licence

Each question must be answered

1. To be completed if an individual is making the application

Full Name	Surname		First Name
Home Address (Including Postcode)			
Telephone Number			
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth
Give name and address of person, company or firm, employing you to deal in game or state if you are self-employed			
Will the applicant carry out the day-to-day management to deal in game? If NO, give full name, address, date of birth and telephone number of any employee or agent who will be involved in the management.	Yes/No		

2. To be completed if not a natural person (e.g. company or partnership)

Full Name	Surname		First Name



Address (including Postcode) of Principal or Registered Office	
Telephone Number	
Name, Private Address, Dates of Birth of Directors, Partners or other Persons Responsible for its Management e.g. Office Bearer of a Committee	
Full Name, Address and Date and Place of Birth of Employee or Agent to carry on day-to-day management of the activity	

To be completed by all Applicants

State the address of the premises at which the game will be offered for sale	
Have you previously held or do you currently hold a licence to deal in game?	Yes/No
Have you ever applied for and been refused a licence to deal in game?	Yes/No
If Yes - when were you refused?	
Which authority refused you a licence?	

Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any **convictions or pending cases** against you and the person(s) named in Sections 2 and 3 above (continue on a separate sheet, if necessary). (If none, please state "NONE".)

Name	Date	Court	Offence	Sentence



Signature of Applicant or Agent

.....

Agent's Address

.....

Position of applicant in Company/Partnership if not otherwise stated

.....

Date

N.B. Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500

Please return the completed form together with the relevant fee to:

**The Licensing Administrator
Clackmannanshire Council
Kilncraigs
Alloa
FK10 1EB**

If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address licensing@clacks.gov.uk

Date Received	
Fee Paid	
Application Number	
Police E.S T.S Date:	
Comments	
Reference	
Decision Granted/Refused/Cont'd	
Date	
Licence Number	
Expiring	