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The Licensing Manager London Borough of Brent Brent Civic Centre Engineers Way WEMBLEY Middlesex HA9 0FJ Our ref CC/TB/JEN001-44-0/2048

Your ref

11 March 2015

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Dear Sirs

Jenningsbet 429 High Road Wembley HA9 7AB Variation of Premises Licence – Gambling Act

We act on behalf of Betting Shop Services, the operator of these premises and we are instructed to submit an application to vary the premises licence issued under the Gambling Act.

Accordingly, please find enclosed the following:

- 1 Notice of application
- 2 Form A sent to the responsible authorities
- 3 Premises Licence
- 4 Cheque in the sum of £1500.00

We confirm arrangements are being made for the public notice to be advertised in a local paper and displayed at the premises.

We should be obliged if you would acknowledge receipt of this letter and enclosure and if you require any further information, please contact Andrew Woods at our Leeds office.

Yours faithfully

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Directors: Patrick M Whur • Andrew J Woods • Consultant: Colin Manchester

Application to vary a premises licence under the Gambling Act 2005

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.

Part 1 - Applicant Details

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If you	a are an individual, please fill in Section A. If the application is being made on behalf of an	
organ	isation (such as a company or partnership), please fill in Section B.	
Sectio	an A	
C	idual applicant	
Andry		
Ĩ	Title: Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Dr 🗌 Other (please specify) [****]	
2	Surname: [*****] Other name(s): [*****]	
3	Applicant's address (home or business -):	
	[*****]	
	[*****]	
Î	[*****]	
	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. \Box	
Sectio	on B	
Appli	cation on behalf of an organisation	
6	Name of applicant business or organisation: Betting Shop Services Limited	

7 The applicant's registered or principal address:

4 Simon Campion Court 232-234 High Street Epping Postcode: CM16 4AU

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

000-003238-N-104053-006

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.

Part 2 - Premises Details

10 Hading hand used at needsed premises. Jenningsb	10	Trading name used at	licensed premises:	Jenningsbet
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11	Give the address of the premises or, if none, give a description of the premises and its location.
	Where the premises are a vessel, give the place indicated in the premises licence as the place in
	the licensing authority's area where the vessel is wholly or partly situated. Where possible this
	should include an address with a postcode:

429 High Road Wembley Postcode: HA9 7AB

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12 Telephone number at premises (if known): N/A

13 Type of premises licence to be varied:

Regional Casino 🗌	Large Casino 🗌
Converted Casino	Bingo 🔲
Betting (track)	Betting (other)

Premises licence number (if known): GA0129

Small Casino
Adult Gaming Centre
Family Entertainment Centre

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15 If you are making this application alongside an application for transfer or reinstatement of the premises licence into your name, please give the name of the current licence holder as it appears on the premises licence (if known):

Surname: [*****] Other name(s): [*****]

Part 3 - Details of variations applied for

16(a) Please give details of any variation which is being applied for. Where the application includes an application to exclude or vary a condition of the premises licence, identify the relevant condition here (unless it relates to hours of operation which are dealt with in questions 16(b) and 16(c)):

To extend trading hours as indicated below.

16(b) Do you want the licensing authority to exclude or vary a condition of the licence so that the premises may be used for longer periods than would otherwise be the case? Yes

16(c) If the answer to question 16(b) 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	Finish	Details of any seasonal variation
Mon	07:00	00:30	
Tues	07:00	00:30	
Wed	07:00	00:30	
Thurs	07:00	00:30	
Fri	07:00	00:30	
Sat	07:00	00:30	
Sun	07:00	00:30	

Please indicate any particular date on which you want the variation to take effect if approved:20 April 2015

18 Please set out any other matters which you consider to be relevant to your application:

If the application is granted, the licence holder of the premises will operate a magnetic lock on the entrance door between the hours of 20:00 to close. In addition, the branch will have two members of staff working between the hours of 18:00 and close.

Part 4 - Declarations and Checklist (Please tick as ap	propriate)
We confirm that, to the best of our knowledge, the in	formation contained in this
application is true. We understand that it is an offend	e under section 342 of the
Gambling Act 2005 to give information which is false	or misleading in, or in relation to,
this application.	\boxtimes
We confirm that the applicant(s) have the right to oc	cupy the premises.
Checklist:	
 Payment of the appropriate fee has been mad 	e/is enclosed
A plan of the premises is enclosed	\boxtimes
• The existing premises licence is enclosed	\boxtimes
• The existing premises licence is not enclosed,	but the application is accompanied
by -	
 A statement explaining why it is not reasonable. 	easonably practicable to produce the
licence and,	\bowtie
An application under the Section 190	of the Gambling Act 2005 for the
issue of a copy of the licence	\boxtimes
• We understand that if the above requirement	s are not complied with the
application may be rejected	\boxtimes
• We understand that it is now necessary to adv	vertise the application and
give the appropriate notice to the responsible	authorities

Part 5 - Signatures

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19	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:

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Print Name: Woods Whur 2014 Limited

Date: 11/03/2015 Capacity: Solicitors for the applicant

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

Signature: [*****]

Print Name: [*****]

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Date: [*****] (dd/mm/yyyy) Capacity: [*****]

Part 6	- Contact Details
21(a)	Please give the name of a person who can be contacted about the application: Andrew Woods
21(b)	Please give one or more telephone numbers at which the person identified in question 21 (a) can be contacted: 0113 234 3055
22	Postal address for correspondence associated with this application:
	Woods Whur 2014 Limited
	Devonshire House
	38 York Place
	Leeds
	Postcode: LS1 2ED
23	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: andrew@woodswhur.co.uk