



**APPLICATION FOR A LICENCE  
THE GAME ACT 1831-SALE OF GAME**

**PARTICULARS** (Please Complete in block Capitals)

1.	Name of Applicant:  _____
2(a)	Name and address of premises to be licensed (for moveable premises give address at which the premises are ordinarily kept and vehicle registration number):  _____ -  _____ -  (b) Telephone Number:  _____ -
3.	Trading/Business name of shop if different from (1) above:  _____ -  _____
4.	Name and address of proprietors(s):  _____ -  _____
5.	Name of shop Manager (if applicable):  _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>
6.	Type of premises (please tick as appropriate):

7. Please indicate the operations carried out at your business:

	YES	NO
Selling unwrapped game only	<input type="checkbox"/>	<input type="checkbox"/>
Selling pre-wrapped game only	<input type="checkbox"/>	<input type="checkbox"/>
Selling both unwrapped and wrapped game	<input type="checkbox"/>	<input type="checkbox"/>

8. Is this application for a **new** business  YES  NO

9. If the business is operated by a multiple retailer, please give the Company's Home Authority details:

Name of Home Authority: _____
Address: _____
Telephone No: _____
Contact Officer: _____

10. Is the licence fee of £40.00 included with this application? YES/NO

The information I have given on this form is correct and complete to the best of my knowledge and Belief

Signature of Applicant:

Name in BLOCK LETTERS: \_\_\_\_\_

Trading Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward completed form to:

**Vale of Glamorgan Council  
Legal & Regulatory Services  
Civic Offices  
Barry**

**You may wish to keep a copy of this form for your own records**