# Form 1 - Consultation on the Re-Adoption of the Council’s Current Gambling Policy

## **This consultation closes on the 17th October**

## Section 1 - About You

This section provides details about you or the organisation you are making a response on behalf of. The information provided here will be used to identify whether you are a resident, responsible authority (1), stakeholder or other interested party. The contact information will be used to enable us to contact you if we have any questions or wish to discuss your response with you. You can advise us whether you are happy to be contacted or not once you have made your submission.   
  
(1) A responsible authority is an authority that is listed within Section 157, The Gambling Act 2005.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Full Name: | | | | | |
|  | | | | | |
| 2. Job Title (if Applicable): | | | | | |
|  | | | | | |
| 3. Name of the organisation you are making a response on behalf of (if applicable): | | | | | |
|  | | | | | |
| 4. Please tick the box that best describes you or the organisation you are representing: \* | | | | | |
| Business Improvement District | |  | |  | |
| Neighbourhood Forum | |  | |  | |
| Ward Councillor | |  | |  | |
| Responsible Authority | |  | |  | |
| Licensing Solicitor or Consultant | |  | |  | |
| Resident Association or Amenity Society | |  | |  | |
| Licensed (Gambling) Business | |  | |  | |
| Non-Licensed Business | |  | |  | |
| Resident | |  | |  | |
| Landowner | |  | |  | |
| Other (please specify) | |  | |  | |
| 5. Contact Email Address: | | | | | |
|  | | | | | |
| 6. Contact Telephone Number: | | | | | |
|  | | | | | |
| 7. Contact Address: | | | | | |
|  | | | | | |
| 8. Do you permit the Council to contact you following the submission of your response to this consultation if there are any questions associated with that response or further clarification is required? (Please tick) | | | | | |
| Yes: |  | | No: | |  |

## Section 2 - Re-Adopting (Extending) the Existing Gambling Policy

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9. Do you agree with the proposed re-adoption (extension) of the current Gambling Policy to enable that policy to operate from the 31st January 2022 until the new Gambling Policy comes into effect? (Please tick) | | | | | |
| Yes |  | No |  | No Response |  |
| 10. Do you have any comments on the re-adoption (extension) of the current Statement of Gambling Policy? | | | | | |
|  | | | | | |

Thank you for taking the time to complete this form with your views on the proposed re-adoption of the Council's Gambling Policy. Your views are important in ensuring that the Council, as Licensing Authority, continues to undertake its duty to promote the licensing objectives under the Gambling Act 2005.

Please send the completed consultation response form to [licensingconsultation@westminster.gov.uk](mailto:licensingconsultation@westminster.gov.uk).   
   
The Council will review all responses and make any changes to the proposals as appropriate. As mentioned at the beginning of the survey, the Council may wish to contact you relating to your response to clarify the points you have made, or to discuss your response in greater detail.

Please note that this consultation will close on the 17th October