

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

If you are an individual, please fill in Section A. If the application is being made on behalf of an organisation (such as a company or partnership), please fill in Section B.

Section A

Individual applicant

1 Title: Mr Mrs Miss Ms Dr Other (please specify) [*****]

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

3 Applicant's address (home or business -):

[*****]

[*****]

[*****]

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.

Section B

Application on behalf of an organisation

6 Name of applicant business or organisation: **Mecca Bingo Limited**

7 The applicant's registered or principal address:

TOR, Saint-Cloud Way, Maidenhead
 Postcode: **SL6 8BN**

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

002396-N-103223-015

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 Trading name used at licensed premises: **Mecca Bingo**

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:

Bishopsford Road
Morden
 Postcode: **SM4 6BP**

12 Telephone number at premises (if known): [*****]

13 Type of premises licence to be varied:

Regional Casino <input type="checkbox"/>	Large Casino <input type="checkbox"/>	Small Casino <input type="checkbox"/>
Converted Casino <input type="checkbox"/>	Bingo <input checked="" type="checkbox"/>	Adult Gaming Centre <input type="checkbox"/>
Betting (track) <input type="checkbox"/>	Betting (other) <input type="checkbox"/>	Family Entertainment Centre <input type="checkbox"/>

14 Premises licence number (if known): **10/00438/GBINFT**

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)):

The proposed variation is to seek approval of the Ground Floor plan submitted with the application to extend the licensed area to include the former gaming area and surrounding area. No other changes to be made.

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?

No

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			[*****]
Tues			[*****]
Wed			[*****]
Thurs			[*****]
Fri			[*****]
Sat			[*****]
Sun			[*****]

17 Please indicate any particular date on which you want the variation to take effect if approved:
ASAP

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

Upon the successful grant of this variation the Adult Gaming Centre Premises Licence no: 08/00679/GANFT for this premises will be surrendered.

Part 4 - Declarations and Checklist (Please tick as appropriate)

1/ We confirm that, to the best of my/ our knowledge, the information contained in this application is true. 1/ We understand that it is an offence under section 342 of the Gambling Act 2005 to give information which is false or misleading in, or in relation to, this application.

1/ We confirm that the applicant(s) have the right to occupy the premises.

Checklist:

- **Payment of the appropriate fee has been made/is enclosed**
- **A plan of the premises is enclosed**
- **The existing premises licence is enclosed**
- **The existing premises licence is not enclosed, but the application is accompanied by -**
 - **A statement explaining why it is not reasonably practicable to produce the licence and,**
 - **An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence**
- **I/we understand that if the above requirements are not complied with the application may be rejected**
- **I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities**

Part 5 - Signatures

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:

Woods Whur

Signature:

Print Name: **Woods Whur**

Date: **26 March 2026** 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: [*****]

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

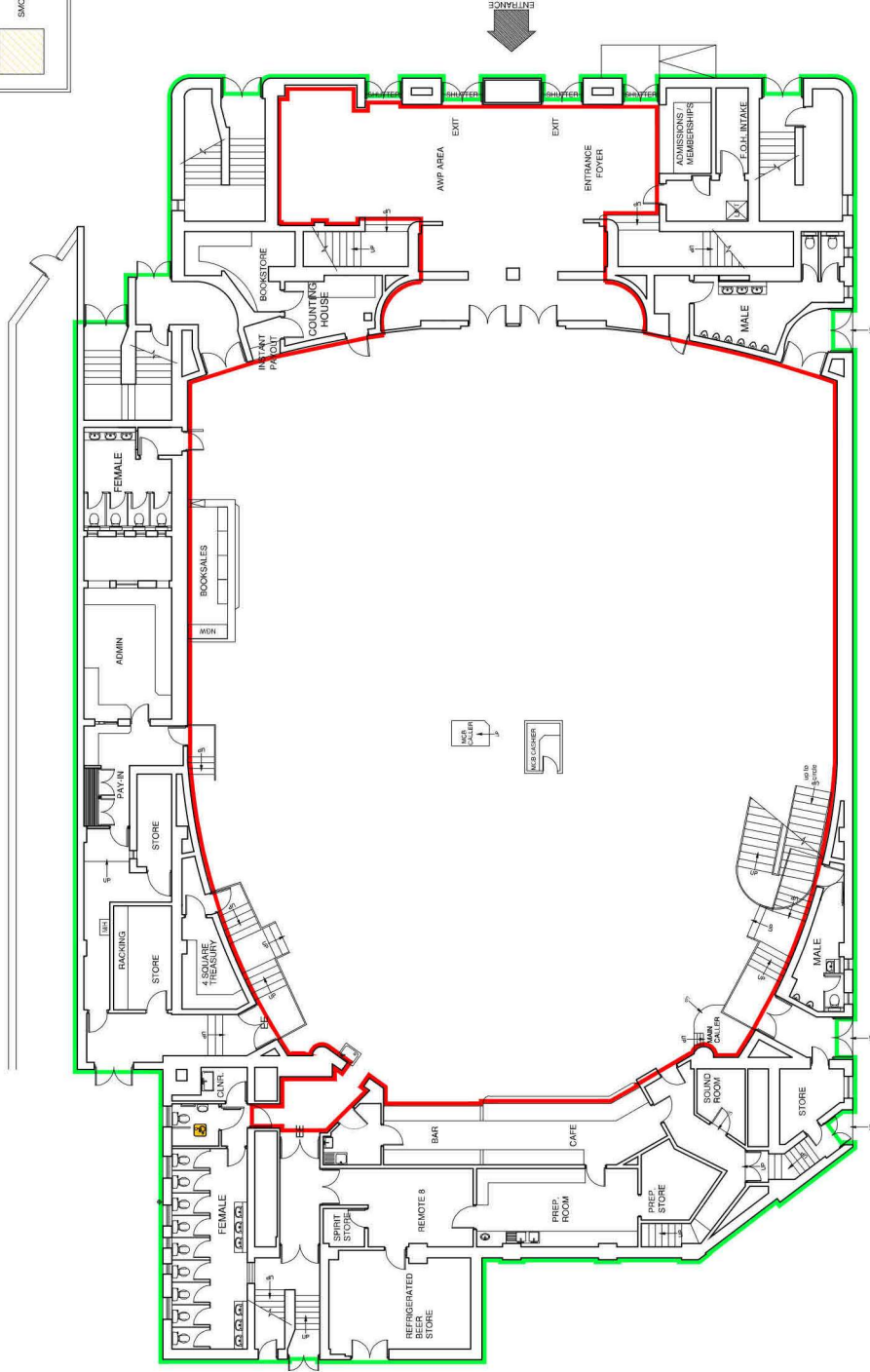
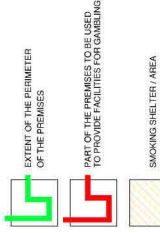
Part 6 - Contact Details

- 21(a) Please give the name of a person who can be contacted about the application: [REDACTED]
- 21(b) Please give one or more telephone numbers at which the person identified in question 21 (a) can be contacted: [REDACTED]
- 22 Postal address for correspondence associated with this application:
- Woods Whur, St James House, 28 Park Place, Leeds**
Postcode: **LS1 2SP**
- 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:
amanda@woodswhur.co.uk

REVISION

DATE

LICENCE LEGEND



bignell shacklady ewing

Architects Interior Designers
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Client	MECCA BINGO
Job	ROSEHILL
Drawing Title	GROUND FLOOR GAMING LICENCE
Scale	1:100@A1
Date	JANUARY 2026
Drawn by	PS
Job Number	2026-2170
Drawing Number	2170-008

Preliminary

Bignell Shacklady Ewing will have no liability whatsoever in respect of any claim, loss, liability or other cost arising directly or indirectly out of, or in connection with, any aspect of the fire safety or the performance of a building including consultancies, the preparation of any fire safety certificate, fire safety certificate or internal fire production.

RIBA #
Chartered Practitioner