

# Licensing Policy Consultation

Gambling Act 2005

Statement of Principles

Consultation Document

**Date of issue:** 3 September 2018

**Action required:** Responses by 9 November 2018

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## Overview

Under the Gambling Act 2005, the Council as the Licensing Authority is required to adopt a Statement of Principles, setting out how it will deal with various applications for licences and permits. The Council is required to review this statement at least every 3 years.

The Council is consulting on the next three year policy statement and welcomes views from the public and other interested parties.

Gambling is a popular leisure activity that is enjoyed by many. There are various forms of gambling, including playing bingo, betting, or playing gaming machines. The Council is responsible for licensing premises and issuing permits to gambling premises but the Gambling Commission is the overall regulator for gambling in the United Kingdom. The Council is not responsible for regulating online gaming.

## How to respond

This consultation will begin on 3 September 2018 and end on 9 November 2018.

You can respond or ask further questions in the following ways;

**Tel:** (01656) 643 664.

**Email:** [Consultation@bridgend.gov.uk](mailto:Consultation@bridgend.gov.uk)

**Online:**  
[www.bridgend.gov.uk/consultation](http://www.bridgend.gov.uk/consultation)

**Post:** Consultation and Engagement,  
Bridgend County Borough Council,  
Civic Offices, Angel Street, Bridgend,  
CF31 4WB

Alternative formats are also available upon request.

## Data protection

Information provided by you on this form will be used to inform the Licensing Policy Consultation. The Council will take all reasonable precautions to ensure confidentiality and to comply with data protection legislation. Your information may be shared with the Licensing team for the purposes of reviewing the Gambling Act 2005 Statement of Principles. Your information will be retained in accordance with the Council's Data Retention Policy.

You have a number of rights under data protection legislation. You may also withdraw your consent and ask us to delete your personal information at

any time by contacting us. Further information about this is available on our website or you may contact the Data Protection Officer.

If you are dissatisfied with the manner in which we process your personal data then you have the option to make a complaint to the Data Protection Officer and the Information Commissioner's Office.

## Related Documents

Our current [Gambling Act Statement of Principles](#)

Our revised [Gambling Act Statement of Principles](#)

Visit:  
<https://www.bridgend.gov.uk/business/licensing/>

## The current situation

No new trends or concerns have emerged in the past three years. There are therefore no new policy changes proposed at this stage. The Statement of Principles has been revised to update the local area profile (numbers of premises) and contact details. However, your views may help identify a new issue or inform our future compliance programme.

**The Council is under a legal duty to review its policy guidelines.**

**The policy will help applicants for licences and the public to understand the profile of the County Borough and the decision making process.**

## Equality Impact Assessment (EIA)

An initial screening has been completed. There is no change to the policy, therefore the initial screening remains valid.

## Consultation

The Council will carefully consider the information provided. All views received from this consultation will be fully considered before final publication. Projected timetable for procedure and proposal implementation

Activity	Date
Response deadline	9 November 2018
Report to Cabinet on the outcomes of the consultation.	17 December 2018

## Proposal to adopt the Statement of Principles under the Gambling Act 2005

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### Name:

### Contact details:

### Are you (please tick):

License holder

Trade representative

Member of the public

Elected member

Parent/Guardian

Other interested party (please specify) .....

**Do you agree with the proposed policy?**

Yes

No

Unsure

**Please tell us why**

**Are there any other issues you feel the Council should consider when developing its policy on how it issues licences or regulates compliance (please note the Council does not regulate on-line gaming)?**

**Other comments/suggestions**

**Would you like to be emailed once the consultation report is available?**  
(If 'Yes', please provide your email address?)

## Equalities monitoring

In order to help us ensure that we are providing services fairly to everyone who needs them, we would be grateful if you could answer a few more questions about yourself.

The information you supply will be kept confidentially and will only be used for the purposes of equalities monitoring.

**Completion of these questions is not required as part of the questionnaire.**

**You do not have to answer any of the questions if you do not wish to do so.**

**Alternatively, you can choose to answer some and not others by selecting the 'prefer not to say' options.**

**Are you happy to answer a few more questions about yourself?**

Yes

No

**What is your date of birth? (DD/MM/YYYY)**

Prefer not to say

**Do you consider yourself to be disabled? Please select one option only.**

Yes

No

Prefer not to say

**Please indicate below the type of impairment which applies to you. Please select all options that apply.**

Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches

Sensory impairment, such as being blind or having a serious visual impairment or being D/deaf or hard of hearing

Mental health condition, such as depression or schizophrenia

Learning difficulty, such as Down's syndrome or dyslexia, or cognitive impairment, such as autism or head-injury

Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Other (please use space below)

Prefer not to say

**How would you describe your nationality? Please select one option only.**

Welsh

British

English

Other (please type in the box below)

Scottish

Prefer not to say

Northern Irish

**What is your ethnic group? Please select one option only.**

White

Black / African /

Mixed / multiple ethnic groups

Caribbean / black British

Asian or Asian British

Other ethnic group

Prefer not to say

**White**

Welsh / English / Scottish

Irish Traveller

/Northern Irish / British

Any other white background

Irish

(please type in the box below)

Gypsy

**Mixed / multiple ethnic groups**

White and black Caribbean

Any other mixed / multiple ethnic

White and black African

background (please type in the

White and Asian

box below)

**Asian or Asian British**

Indian

Pakistani



Bangladeshi   
Chinese

Any other Asian background   
(please type in the box below)

**Black / African / Caribbean / black British**

African

Caribbean

Any other black / African / Caribbean  
background (please type in the box below)

**Other ethnic groups**

Arab

Any other ethnic group (please type in  
the box below)

**What is your religion or belief? Please select one option only.**

No religion

Muslim

Christian

Sikh

Buddhist

Other (please type in the  
box below)

Hindu

Prefer not to say

Jewish

**What is your gender? Please select one option only.**

Male

Female

Transgender

Prefer not to say

**Is your gender the same now as that which you were assigned at birth? Please select one option only.**

Yes  
No   
Prefer not to say

**Are you pregnant? Please select one option only.**

Yes   
No   
Prefer not to say

**Have you given birth within the past 26 weeks? Please select one option only.**

Yes   
No   
Prefer not to say

**What is your sexual orientation? Please select one option only.**

Heterosexual / straight       Bisexual   
Gay man       Other   
Gay woman / lesbian       Prefer not to say

**What is your marital status? Please select one option only.**

Single       Divorced   
Partnered       Widowed   
Married       Prefer not to say   
Civil partnered

**A carer is someone who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.**

**Are you a carer? Please select one option only.**

Yes   
No   
Prefer not to say

**Are you able to...**

**Please select one option per row.**

	Not at all	A little	Fairly well	Fluently	Prefer not to say
speaking Welsh					
reading Welsh					
writing Welsh					

**Thank you for taking the time to complete this survey.**