



This form must be signed by the Principal Authority to confirm the accuracy of the information provided. Further information about the Principal Authority can be found in the GLA Licence Application Form Guidance. Please read the GLA Licence Application Form Guidance **before** completing this form.

If you need any help completing this form, please contact us on 0345 602 5020, or look at our website: www.gla.gov.uk

All questions marked * **must** be answered. Where there are tick boxes, please tick all that apply.

Section A

Organisation details

A1 Please state your organisation's name *

A2 Do you have a trading name that is different from the organisation name?* Yes No
If yes, please state the trading name

A3 Please state the address of your principal place of business *

Line 1*

Line 2

Line 3

Town* County* If UK

Country* Postcode* If UK

A4 Business phone no.* Extension no.

A5 Business mobile no. Business fax no.

A6 Business e-mail address

A7 Business website

A8 Please choose your preferred channel of communication* Email Letter

A9 What is the legal status of the organisation*

Sole Trader Registered Company

Partnership Unincorporated Association Other

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

Organisation registration details

Do you have the following UK registration numbers?

If yes, please fill in the appropriate details

A10 Companies House no.* Yes No Registration no.
Date registered

A11 PAYE registration no.* Yes No Registration no.
Date registered

A12 VAT registration no.* Yes No Registration no.
Date registered

A13a Personal unique tax reference* Reference no.
(For sole traders)

A13b Business unique tax reference* Reference no.
(For partnerships)

A13c Company unique tax reference* Reference no.
(For registered companies)

A14 Please indicate the industry you would like to operate in or are operating in?*

Agriculture

Horticulture

Food Packaging and Processing

Forestry

Shellfish Gathering

A15 Please indicate which of these countries your workers will be working in?*

England

Scotland

Wales

Northern Ireland

A16 Please state your expected turnover in the first year of business.
Please give your answer in GBP (£)* (Regulated sectors only) £

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

A17 Please identify the fee band the organisation is in*
(See Guidance note A19 for further information on fee bands)

Section B

Principal Authority Details

As Principal Authority, please provide your personal details. If you are a sole trader please provide your personal details in this section. The Principal Authority is taken to have the authority to act as a Gangmaster and will be individually named on the Licence.

B1 Title *Please tick* Mr Mrs Miss Ms Other *Please state*
Forename/s* Surname*

B2 Have you used or are you known by any other name* If yes, please state details below Yes No
Forename/s* Surname*

B3 Date of birth* (dd,mm,yyyy)

B4 Town of birth* Country of birth*

B5 Job title*

B6 Personal address
Line 1 *
Line 2
Line 3
Town * County* If UK
Country * Postcode* If UK

B7 Business phone no.* Extension no.

B8 Mobile no.

B9 E-mail address

B10 National Insurance no. * If UK Letters Numbers Letter

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

Alternative Business representative

It can often be very helpful to have an alternative contact that can make changes to the licence record and carry out renewals in the absence of the Principal Authority. Should you wish to nominate another person to act on your behalf, when updating licence details, completing licence renewals or liaising with GLA staff please give their details below.

B11	Title <i>Please tick</i>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other <i>Please state</i>	<input type="text"/>		
	Forename/s*	<input type="text"/>	<input type="text"/>	Surname*	<input type="text"/>								
B12	Have you used or are you known by any other name* If yes, please state details below									Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Forename/s*	<input type="text"/>	<input type="text"/>	Surname*	<input type="text"/>								
B13	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
B14	Town of birth*	<input type="text"/>	Country of birth*	<input type="text"/>									
B15	Job title*	<input type="text"/>											
B16	Personal address												
	Line 1 *	<input type="text"/>											
	Line 2	<input type="text"/>											
	Line 3	<input type="text"/>											
	Town *	<input type="text"/>	County* If UK	<input type="text"/>									
	Country *	<input type="text"/>	Postcode* If UK	<input type="text"/>									
B17	Business phone no.*	<input type="text"/>	Extension no.	<input type="text"/>									
B18	Mobile no.	<input type="text"/>											
B19	E-mail address	<input type="text"/>											
B20	National Insurance no. * If UK	Letters	<input type="text"/>	<input type="text"/>	Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Letter	<input type="text"/>		

Section C

Directors, partners and company secretary details

Please complete the following details for all directors or partners of the organisation

(If there are more than 5 directors or partners of the organisation these will be displayed in the Appendix)

Director/Partner details 1

Is this the person previously named in section B?

Yes No

C1	Title <i>Please tick</i>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>		Surname*		<input type="text"/>	
C2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C3	Town of birth*	<input type="text"/>			Country of birth*	<input type="text"/>	
C4	Job title*	<input type="text"/>					
C5	Personal address	<input type="text"/>					
	Line 1 *	<input type="text"/>					
	Line 2	<input type="text"/>					
	Line 3	<input type="text"/>					
	Town *	<input type="text"/>			County* If UK	<input type="text"/>	
	Country *	<input type="text"/>			Postcode* If UK	<input type="text"/>	
C6	Business phone no.*	<input type="text"/>			Extension no.	<input type="text"/>	
C7	Mobile no.	<input type="text"/>					
C8	E-mail address	<input type="text"/>					
C9	National Insurance no. * If UK	Letters <input type="checkbox"/>	Numbers <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter <input type="checkbox"/>	<input type="checkbox"/>

Director/Partner details 2

Is this the person previously named in section B?

Yes No

C1	Title <i>Please tick</i>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>		Surname*		<input type="text"/>	
C2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C3	Town of birth*	<input type="text"/>			Country of birth*	<input type="text"/>	
C4	Job title*	<input type="text"/>					
C5	Personal address	<input type="text"/>					
	Line 1 *	<input type="text"/>					
	Line 2	<input type="text"/>					

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

Line 3				
Town *		County* If UK		
Country *		Postcode* If UK		
C6 Business phone no.*		Extension no.		
C7 Mobile no.				
C8 E-mail address				
C9 National Insurance no. * If UK	Letters	Numbers		Letter
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director/Partner details 3

Is this the person previously named in section B? Yes No

C1 Title Please tick	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Please state <input type="text"/>
Forename/s*	<input type="text"/>		Surname*	<input type="text"/>	
C2 Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C3 Town of birth*	<input type="text"/>		Country of birth*	<input type="text"/>	
C4 Job title*	<input type="text"/>				
C5 Personal address	<input type="text"/>				
Line 1 *	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>				
Town *	<input type="text"/>		County* If UK	<input type="text"/>	
Country *	<input type="text"/>		Postcode* If UK	<input type="text"/>	
C6 Business phone no.*	<input type="text"/>		Extension no.	<input type="text"/>	
C7 Mobile no.	<input type="text"/>				
C8 E-mail address	<input type="text"/>				
C9 National Insurance no. * If UK	Letters	Numbers		Letter	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director/Partner details 4

Is this the person previously named in section B? Yes No

C1 Title Please tick	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Please state <input type="text"/>
Forename/s*	<input type="text"/>		Surname*	<input type="text"/>	
C2 Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C3 Town of birth*	<input type="text"/>		Country of birth*	<input type="text"/>	
C4 Job title*	<input type="text"/>				

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

C5 Personal address

Line 1 *

Line 2

Line 3

Town * County* If UK

Country * Postcode* If UK

C6 Business phone no.* Extension no.

C7 Mobile no.

C8 E-mail address

C9 National Insurance no. * If UK

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director/Partner details 5

Is this the person previously named in section B? Yes No

C1 Title Please tick Mr Mrs Miss Ms Other Please state

Forename/s* Surname*

C2 Date of birth* (dd,mm,yyyy)

C3 Town of birth* **Country of birth***

C4 Job title*

C5 Personal address

Line 1 *

Line 2

Line 3

Town * County* If UK

Country * Postcode* If UK

C6 Business phone no.* Extension no.

C7 Mobile no.

C8 E-mail address

C9 National Insurance no. * If UK.

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D - Part 1

Named Individuals or Positions

Section D - Part 1 is compulsory for **Fee Bands C, D and all Shellfish Gathering Applications**

For applications to supply workers for Agriculture, Horticulture Food Processing and Packaging only **Fee Bands A and B** must complete either:

- Section D - Part 1 (Additional named individuals), **or** Section D - Part 2 (Additional job titles)

If you are applying for a licence to supply workers into the Agriculture, Horticulture, Food Processing and Packaging or Shellfish Gathering Sectors, please state the name, date of birth and business phone number for individuals who are authorised to negotiate with labour users and supply workers within the regulated sector. **You must include the names of Directors / Partners already supplied in Section C who have the authority to undertake this activity.**

If you are applying for a licence for using workers for gathering shellfish, please state the name, date of birth and business phone number for anybody who is authorised to act on your behalf (e.g. as a Supervisor or an Intermediary).

If there are more than 5 named individuals these will be displayed in the Appendix.

Additional name 1

D1	Title <i>Please tick</i>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>				Surname*	<input type="text"/>	
D2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Business phone no.*	<input type="text"/>				Extension no.	<input type="text"/>	

Additional name 2

D1	Title <i>Please tick</i>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>				Surname*	<input type="text"/>	
D2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Business phone no.*	<input type="text"/>				Extension no.	<input type="text"/>	

Additional name 3

D1	Title <i>Please tick</i>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>				Surname*	<input type="text"/>	
D2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Business phone no.*	<input type="text"/>				Extension no.	<input type="text"/>	

Additional name 4

D1	Title <i>Please tick</i>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>				Surname*	<input type="text"/>	
D2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Business phone no.*	<input type="text"/>				Extension no.	<input type="text"/>	

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

Additional name 5

D1	Title <i>Please tick</i>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other <i>Please state</i>	<input type="text"/>
	Forename/s*	<input type="text"/>		<input type="text"/>		Surname*	<input type="text"/>				
D2	Date of birth* (dd,mm,yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Business phone no.*	<input type="text"/>				Extension no.	<input type="text"/>				

Section D - Part 2

Additional job titles Fee Bands A and B only

Not Applicable for Shellfish Gathering

If you have not completed Section D - Part 1, you **must** complete this section.

(NB: **Fee Bands C and D** must not complete this Section)

The employees within these job titles must be direct employees of the business and not subcontractors. Please state the job titles (and number of employees who have this job title). These are authorised to negotiate with Labour Users and supply workers within the regulated sector. This should include the Job Titles of Directors / Partners who have the authority to undertake this activity.

If there are more than 5 job titles these will be displayed in the Appendix.

Additional job title details 1

D1	Job title*	<input type="text"/>
D2	No. of people employed in this capacity*	<input type="text"/>

Additional job title details 2

D1	Job title*	<input type="text"/>
D2	No. of people employed in this capacity*	<input type="text"/>

Additional job title details 3

D1	Job title*	<input type="text"/>
D2	No. of people employed in this capacity*	<input type="text"/>

Additional job title details 4

D1	Job title*	<input type="text"/>
D2	No. of people employed in this capacity*	<input type="text"/>

Additional job title details 5

D1	Job title*	<input type="text"/>
D2	No. of people employed in this capacity*	<input type="text"/>

Section E

GLA Security Questions to be completed by the Principal Authority

(If further space is required, please continue on blank piece of paper and attach securely to this form)

E1 Please state your nationality?*

E2 Do you have a passport?* Yes No
If yes, please state details below

Passport no.

E3 Do you have the right to work in the UK?* Yes No

E4 If you work in the UK and are not a UK national, please state how long you have worked in the UK? Years Months

E5 If you work in the UK do you require a visa, work permit or other form of clearance to work?* Yes No
If yes, please state details below

Visa no \ permit number

Type of visa \ work permit Current immigration status

E6 If you have a limited right to remain in the UK please state the dates from which your leave to remain began and when your leave to remain is due to expire.

Leave to remain from to dd/mm/yyyy

E7 Are you an un-discharged bankrupt?* Yes No
If yes, please state details below

Date of bankruptcy (dd,mm,yyyy)

Bankruptcy no.

E8 Are you disqualified as a company director?* Yes No
If yes, please state details below

E9 Are you/have been the subject of restraint or confiscation order, or civil recovery under the proceed of crime act 2002?* Yes No
If yes, please state details below

Date of the restraint, (dd,mm,yyyy)

confiscation order or civil recovery

Please give a brief description of the action taken against you

E10

Have you any unspent criminal convictions, or alternative sanctions or penalties for proven offences?*

Yes No

If yes, please state details below

Date of conviction (dd,mm,yyyy)

Brief description of the conviction or alternative sanctions or penalties

E11

Have you been interviewed for or charged with an offence that is awaiting trial or a decision on an alternative sanction or penalty?*

Yes No

If yes, please state details below

Date of the interview or (alleged) offence, sanction or penalty (dd,mm,yyyy)

Brief description of the(alleged) offence, sanction or penalty

E12

Do any of the other individuals named in sections B, C or D require a visa or work permit to work in the UK?*

Yes No

If yes, please state details below

Names of those Individuals

Brief description of the immigration status and the visa / work permit(s) held by those individuals

E13

Are any of the other individuals named in sections B, C or D un-discharged bankrupts?*

Yes No

If yes, please state details below

Names of those Individuals

Date of the bankruptcy (dd,mm,yyyy)

Bankruptcy no.

E14 Are any of the other individuals named in sections B, C or D disqualified as company Directors? Yes No
If yes, please state details below
Names of those Individuals
Brief description circumstances that resulted in the disqualification

E15 Have any of the other individuals named in sections B, C or D been the subject of a restraint or confiscation order, or civil recovery under the Proceeds of Crime Act 2002? Yes No
If yes, please state details below
Names of those Individuals
Date of the restraint, (dd,mm,yyyy)
confiscation order or civil recovery
Please give a brief description of the action taken

E16 Have any of the other individuals named in sections B, C or D any unspent criminal convictions, or alternative sanctions or penalties for proven offences? Yes No
If yes, please state details below
Names of those Individuals
Date of conviction (dd,mm,yyyy)
Brief description of the conviction or alternative sanctions or penalties

E17 Have any of the other individuals named in sections B, C or D been interviewed for or charged with an offence that is awaiting trial or a decision on an alternative sanction or penalty? Yes No
If yes, please state details below
Date of the interview or (dd,mm,yyyy)
(alleged) offence, sanction or penalty
Brief description of the (alleged) offence, sanction or penalty

E18

Have you or any person named in sections B, C or D previously held or currently hold a GLA licence, been named on another GLA licence, worked for another GLA licence holder or advised another GLA licence holder?

Yes No

If yes, please state details below

Names of the individuals, the business name and licence numbers of the other GLA Licence holder or previously held licence

E19

Have you, or your organisation traded under any other name in the last 5 years?*

Yes No

If yes, please state details below

Business name 1

Town Country

Business name 2

Town Country

Business name 3

Town Country

Business name 4

Town Country

Business name 5

Town Country

Section F

The following questions relate to the organisation and are to be completed by the Principal Authority

F1

Do you supply workers to industries outside the licensable sectors? *

Yes No

If yes, please state details below

Sectors of industry

Other

--

F2

Will the business have a written agreement, to supply workers, with all its customers in the Regulated Sectors?*

Yes No

F3

Is the organisation for which a licence is being sought ultimately controlled by another individual, business or organisation?*

Yes No

If yes, please state details below

Individuals, businesses or organisations name

--

F4

Do you have multiple branches, franchises, businesses that are ultimately controlled by the applicant business? *

Yes No

Type of multiple

If you have selected other please give a brief description of how your business is set up.

--

If yes, please state how many branches, franchises, businesses within the control of the applicant business. *

--

F4a

If you intend to use workers to gather shellfish, please state the average number of workers in your group.*

--

F5

Do you intend to transport your workers to the workplace? * If yes, please provide further information below

Yes No

Will any charges for transport be deducted from workers pay?

Yes No

Will workers have a choice about using the transport?

Yes No

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

F6 Will your workers be provided with accommodation or effectively be provided with accommodation?* Yes No

If yes, please provide further information below

Will the charges for accommodation be deducted from workers pay? Yes No

Will the workers have a choice about using the accommodation? Yes No

F7 Please indicate where the organisation intends to source its workers from by selecting from the following two groups of countries?*

EEA States

Non-EEA States

Please state the countries your workers are from below

F8 Please state the basis on which workers will be supplied to labour users by the applicant?

Employee

Self employed

Permanent Worker

Posted Worker

Other

If you have chosen other please describe the basis on which workers will be supplied

F9 Has your organisation ever been banned from trading?* Yes No

If yes, please state details below

Date of the Ban (dd,mm,yyyy)

Brief Description of the reason for the ban

F10 Does the organisation use subcontractors or has the organisation used subcontractors in the last 12 months, in the regulated sectors?* Yes No

If yes, please state the name(s) of the subcontractor(s)

Only businesses outside the UK should answer the remaining questions in section F. If the application is for a UK based business please move on to section G.

F11 Are you / your business registered in your own country? If yes, please state details below Yes No

State the registration numbers/ details

F12

Do you require a licence or registration in your own country to supply workers to the UK?

Yes No

If yes, please state details below

State the registration numbers/ details

F13

Are any additional registrations required to supply workers abroad?

Yes No

If yes, please state details below

State the registration numbers/ details

F14

If you or your company are based in (and/or operate from) another European Union country, and you intend to supply workers under the EU Posted Worker Directive, does your country's labour legislation require you, or your workers, to have a specific authority or registration?

Yes No

If yes, please state details below

State the registration numbers/ details

SAMPLE

All questions marked * **must** be answered. Please use black ink and CAPITAL letters throughout when completing this form. Where there are tick boxes, please tick all that apply.

Section G

Application fee and application inspection fee

Please contact the GLA on **+44 (0) 345 602 5020** if you have any questions regarding the fees.

G1 Application fee

G2 Inspection fee

G3 Total amount to pay

G4 Your GLA unique reference number (URN) is

Payment details

The GLA **does not** accept **CASH, CREDIT or DEBIT CARDS**

G5 Please indicate below your preferred method of payment?*

(For further payment information, please see the GLA Licensing Application Form Guidance)

BACS

If paying by BACS or CHAPS, please state your organisation's name and GLA URN with payment provided to your bank

CHAPS

FPS

Faster Payments Services, If you wish to pay by FPS you will need to contact your Bank in order to ensure that they are a member of the FPS scheme, and to arrange the payment.

Bankers draft

Cheque

If paying by bankers draft or cheque, please state your business name and GLA URN on the back of the bankers draft or cheque

Section H

Declaration and Consent

Data Protection Act: information you provide will be held by the GLA. The information will be used to assess your application. It may be checked with other Government Departments and authorities with the legal right to access information held by the GLA. It may also be checked with financial and other organisations involved in crime prevention for the purpose of preventing and detecting crime (including the Audit Commission and any other body with relevant audit powers). This includes overseas equivalents of UK government departments and enforcement bodies. Please write to the GLA if you wish to make a subject access request in relation to personal data held by the Authority. Information held by the GLA may be released on request under the Freedom of Information Act 2000.

The following section **must** be read, signed and dated.

- I understand and accept that the information contained in this document may also be shared and checked with other Government Departments and their agencies.
- I declare that the information given in this form and any supporting material is correct to the best of my knowledge and belief and that I have not deliberately omitted any necessary material or made an incorrect statement. I understand that if deliberate omissions or incorrect statements have been made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate revocation. I further understand that deliberate omissions or incorrect statements may be liable to prosecution and/or sanction.
- I understand that the GLA may contact me by telephone and ask for details regarding personal information. I consent to this subsequent information being used in the assessment of my application.
- I understand I must notify the GLA within 20 working days of any significant changes to the information recorded on this form, except for changes to the annual turnover which must be declared at renewal.

H1 Signature

H2 Name of Signatory

H3 Position of Signatory

H4 Date (dd,mm,yyyy)

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If you have completed the is application form online:

Please send us, by post to the address shown below either:

- your bankers draft or cheque. Please write on the back your organisation's name and your GLA unique reference no.

If we completed this form for you by phone:

Please ensure all the information is correct. Then, please send us, by post to the address shown below:

- this application form **and**
- your bankers draft or cheque. Please write on the back your organisation's name and your GLA unique reference number

Gangmasters Licensing Authority
PO Box 10272 Nottingham, NG2 9PB, UK