

*Insert name and address of relevant licensing authority and its reference number (optional).]*

## Local Gambling Risk Assessment

**Premises Name:**

**Premises Licence Number (If Applicable):**

**Premises Address:**

**Post Code:**

**Category of gambling premises licence:**

**Name of person completing the assessment:**

**Date original assessment carried out:**

This risk assessment must be completed for all new premises or when the premises licence is varied. The assessment must also be reviewed when there are any significant changes to either the local circumstances and/or the premises.

Complete **a) - c)** with areas that may pose a risk to the licensing objectives by virtue of the provision of gambling facilities at the premises having regard to Local Area, Gambling Operation and premises design.

**a) Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime**

**b) Ensuring that gambling is conducted in a fair and open way**

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**c) Protecting children and other vulnerable persons from being harmed or exploited by gambling.**

**d) Control measures** (based on the information above for a) – c), state the control measures you will put in place, e.g. systems, design and physical)

Describe the steps you intend to take to promote the three licensing objectives:

**ACTIONS FOLLOWING ASSESSMENT**

<b>AREA e.g local area, gambling operation, premises design</b>	<b>PERSON/DEPT TASKED</b>	<b>DATE TASKED</b>	<b>DATE TASK COMPLETED</b>

<b>Signed:</b>	<b>Date:</b>
<b>PRINT NAME:</b>	

For further guidance on completing this assessment or when this assessment must be reviewed please refer to Gambling Commission Guidance on Undertaking Gambling Local Area Risk Assessments para 6.41  
<http://www.gamblingcommission.gov.uk/pdf/GLA5---March-2015.pdf>