

APPLICATION FOR A LARGE CASINO PREMISES LICENCE TO BE GRANTED UNDER THE GAMBLING ACT 2005 (STAGE 2)



PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please refer to the attached Guidance Notes.

If you are completing this form by hand, please write legibly in block capitals using black 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 a partnership), please fill in Section B. All applicants must complete Section C.

Section A

Individual applicant

1. Title: Mr Mrs Miss Ms Dr Other (please specify)

2. Surname: _____ Other name(s): _____

[Use the names given in the applicant's operating licence¹ or, if the applicant does not hold an operating licence, as given in any application for an operating licence]

3. Applicant's address (home or business – [delete as appropriate]):

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.

[Where there are further applicants, the information required in questions 1 to 4 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

¹ Casino Operating Licence is a separate licence which is issued by the Gambling Commission, see www.gamblingcommission.gov.uk

Section B

Application on behalf of an organisation

6. Name of applicant business or organisation:

[Use the names given in the applicant's operating licence or, if the applicant does not hold an operating licence, as given in any application for an operating licence]

7. The applicant's registered or principal address:

Company Registration Number:

Company VAT Number:

Postcode:

8(a) The number of the applicant's operating licence² (as given in the operating licence):

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.

[Where there are further applicants, the information required in questions 6 to 8 should be included on additional sheets attached to this form, and those sheets should be clearly marked "Details of further applicants".]

Section C

Please confirm that the applicant has completed and enclosed the draft Schedule 9 Agreement Yes No

The Licensee shall comply with the terms of the written agreement Reference No dated Yes No

Is the applicant prepared to offer a third party guarantor of its obligations under the Agreement Yes No

If so, identify the proposed guarantor:

Name:

Registered address:

Company Registration Number:

Confirm that a letter of consent from the proposed guarantor and its last 3 years audited accounts have been attached Yes No

² Casino Operating Licence can only be obtained from the Gambling Commission

Part 2 – Premises Details

10. Proposed trading name to be used at the premises (if known):

11. Address of the premises (or, if none, give a description of the premises or proposed premises and their location):

Postcode:

12. Telephone number at premises (if known):

13. Plans submitted as part of Stage 2 application:

14. State whether any of the above plans are illustrative only, giving reasons:

15. State whether the proposal is for the following (tick as appropriate):

- a new build development
- a modification of an existing building

16. If the proposal is for a modification of an existing building, state the current use of the building:

17. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the premises are located.

Note: Scale plans should be provided to illustrate the above information. Plans must be titled and referenced appropriately.

Part 3 – Summary Information

The following section requires summary information of key facts, applicants are given the opportunity to expand on this information in later questions.

Casino Areas

20. Please quote the following measurements in square metres

Gross Area	
Gross Customer Area	
Table Gaming Area (including electronic gaming)	
Machines Area	
Other Gaming Areas (please specify)	
Non-Gaming Areas (excluding WCs, reception & lobby)	
Non-Gambling refuge area(s)	
Bar / Lounge(s)	
Restaurant(s)	
Other (please specify)	

21. Minimum / maximum number of gaming tables:

22. How many games will be automated:

23. Minimum / maximum number of electronic gaming terminals:

24. Minimum / maximum number of electronic gaming machines:

25. Games of equal chance to be offered. Please give details:

26. Provision of self-help and tuition facilities (describe):

Non Gambling Facilities

27. Please give details of all proposals for refreshment and regulated entertainment, including hours and regularity of provision:

Southampton City Council is seeking to ensure a high quality Leisure and Entertainment Destination (LED) is created in which gambling is only part of the overall entertainment offer.

Postcode:
28. Is the casino linked to any other development? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. If so, give details of the development and state whether the casino is dependent on the other development.
30. If so, state to what extent the casino is dependent on this development.
31. To what extent is the development dependent upon the casino?
32. Identify all plans and documentation submitted to show the linked development.
32. State the progress and anticipated timing of the linked development.
Number of jobs created
33. Total number of direct full-time equivalent jobs created in the proposed casino:
34. Total number of direct jobs created in the Leisure and Entertainment Destination (excluding casino jobs):
35. Number of jobs safeguarded in the Council area as a result of the proposed Leisure and Entertainment Destination:
36. State anticipated opening date for the complex:

Part 4 Evaluation Framework

Applicants should use separate sheets to address these requirements or provide the information in a separate document(s). It is requested that applicants ensure that information provided is relevant, concise and specific. Reference should be made to Southampton City Council's Statement of Licensing Principles and to the Guidance Notes and Evaluation Framework document included herewith.

CRITERIA A

Regenerative Impact and Deliverability

CRITERIA B

Problem Gambling

CRITERIA C

Financial

Part 5 – Contact Details

37. Please give the name of a person who can be contacted about the application:

Address:

Postcode:

Daytime Telephone Number:

Mobile Telephone Number:

Postcode:

38. If you are happy for correspondence in relation to your application to be sent via email, please give the email address to which you would like correspondence to be sent:

Part 6 – Declaration and Signature

I confirm that, to the best of my knowledge, the information contained in this application and accompanying documents is true. I understand that it is an offence under Section 342 of the Gambling Act 2005 to give information which is false or misleading.

I confirm that I am authorised by the applicant to sign this form on its behalf.

Signature: _____

Print name: _____

Position: _____

Address: _____

Date: _____