

NOTICE OF APPLICATION FOR A PROVISIONAL STATEMENT  
(Form A)



This notice is issued in accordance with regulations made under section 160 of the Gambling Act 2005

Notice is hereby given that:

Genting Casinos UK Limited

*[Give the full name of the applicant as set out in Part 2 of the application for a provisional statement]*

of the following address:

Genting Club Star City

Watson Road

Birmingham

Postcode: B7 5SA

*[Give the full address of the applicant as set out in Part 2 of the application for a provisional statement]*

the number of whose operating licence is 000-000537-N-103703-018

~~Who applied for an operating licence on~~

*[Delete as appropriate. Insert the reference number of the applicant's operating licence (as set out in the operating licence). Where an application for an operating licence is in the process of being made, indicate the date on which the application was made.]*

has made an application for a provisional statement in respect of the following type of premises:

Large Casino

*[Specify the type of premises to which the application relates]*

The application relates to the following premises or proposed premises:

Casino premises to be known as Genting Casino and to be constructed on plot of land to be reclaimed from the River Test (and expected to be situated at building identified as Building RP2.1), Royal Pier Waterfront, Mayflower park, Southampton, SO14 2AQ (and as more particularly shown on the site plan accompanying this application).

*[If known, give the trading name to be used at the premises and the address of the premises as given in Part 3 of the application. If the premises have no address, then describe the premises and the location in the same way as they are described in Part 3 of the application.]*

The application has been made to the following licensing authority:

Southampton City Council

Licensing Team

PO Box 1767

Southampton

Postcode: SO18 9LA

Website: [www.southampton.gov.uk](http://www.southampton.gov.uk)

*[Insert name of the licensing authority and the address of its principal office, followed by the address of its website]*

Information about the application is available from the licensing authority, including the arrangements for viewing the details of the application.

The following person connected with the applicant is able to give further information about the application:

David Roberts

Eversheds LLP

Eversheds House

70 Bridgewater Street

Manchester M1 5ES (Doc No: 5247553)

Tele: 0845 497 8146

Email: [davidnroberts@eversheds.com](mailto:davidnroberts@eversheds.com)

*[This entry is optional and is to be included if the applicant wishes to provide the name, telephone number and (if available) e-mail address of a person connected with the applicant who is able to answer questions and provide further information about the application.]*

**Any representations under section 161 of the Gambling Act 2005 must be made no later than the following date: 29<sup>th</sup> July 2014**

*[Please insert last day on which representations may be made in relation to the application. The period for making representations is 28 days (inclusive) starting with the day on which the application for a provisional statement was made to the licensing authority.]*

Application for a provisional statement under the  
Gambling Act 2005 (standard form)



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.

Where the application is in respect of a vessel the application should be made on the relevant form for that type of premises.

**Part 1 – Type of premises to which the application relates**

Regional Casino

Large Casino

Small Casino

Bingo

Adult Gaming Centre

Family Entertainment Centre

Betting (Track)

Betting (Other)

**Part 2 – 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): \_\_\_\_\_

*[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]*

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".]*

**Section B**

**Application on behalf of an organisation**

6. Name of applicant business or organisation:

Genting Casinos UK Limited

*[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:

Genting Club Star City

Watson Road

Birmingham

Postcode: B7 5SA

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

000-000537-N-103203-018

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: N/A

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".]*

**Part 3 – Premises Details**

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

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

Casino premises to be known as Genting Casino and to be constructed on plot of land to be reclaimed from the River Test (and expected to be situated at building identified as Building RP2.1), Royal Pier Waterfront, Mayflower park, Southampton, SO14 2AQ (and as more particularly shown on the site plan accompanying this application).

Postcode: SO14 2AQ

12. Telephone number at premises (if known): TBC

13. 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.

The casino is expected to be located at ground floor and mezzanine floor of a building identified as RP2.1 yet to be constructed. The building is anticipated to consist of large casino with a multi storey car park above on 3 or more upper levels.

14(a) Are the premises or proposed premises situated in more than one licensing authority area?  
 No *[delete as appropriate]*

14(b). If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises or proposed premises are partly located, **other than the licensing authority to which this application is made:**

No

**Part 4 – Times of Operation**

15(a) Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods than would otherwise be the case? Yes *[delete as appropriate]* *[Where the relevant kind of premises licence is not subject to any default conditions, the answer to this question will be no.]*

15(b) If the answer to question 15(a) 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.

|       | <i>Start</i>       | <i>Finish</i>      | <i>Details of any seasonal variation</i> |
|-------|--------------------|--------------------|--|
| Mon   | 00:00 <i>hh:mm</i> | 23:59 <i>hh:mm</i> | <i>N/A</i>                               |
| Tue   | 00:00              | 23:59              | <i>N/A</i>                               |
| Wed   | 00:00              | 23:59              | <i>N/A</i>                               |
| Thurs | 00:00              | 23:59              | <i>N/A</i>                               |
| Fri   | 00:00              | 23:59              | <i>N/A</i>                               |
| Sat   | 00:00              | 23:59              | <i>N/A</i>                               |
| Sun   | 00:00              | 23:59              | <i>N/A</i>                               |

16. If you want the premises licence to have a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

N/A

**Part 5 – Miscellaneous**

17(a) Does the application relate to premises or proposed premises which are part of a track or other sporting venue which already has a premises licence: No *[delete as appropriate]*

17(b) If the answer to question 17(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application:

18(a) Do you hold any other premises licences that have been issued by this licensing authority?  
 Yes *[delete as appropriate]*

18(b) If the answer to question 18(a) is yes, please provide full details:

1) Premises licence number: 2013/00261/70SCAV, Premises: Genting Club Terminus Terrace, Terminus House, Terminus Terrace, Southampton, SO14 3FE

2) Premises licence number: 2013/00264/70SCAV, Premises: Southampton Maxims, Terminus House, Terminus Terrace, Southampton, SO14 3FE

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

N/A

**Part 6 – Declarations and Checklist (Please tick)**

I/ We confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ 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.

Checklist:

- Payment of the appropriate fee has been made/is enclosed
- A plan of the premises or proposed premises is enclosed
- 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 7 – Signatures**

20. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:



*Solicitor for Gwentheadz LLP*

Print Name: David Roberts

Date: 30/06/2014 (dd/mm/yyyy)

Capacity: Duly authorised Solicitor

21. 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:

[Empty signature line]

Print Name:

Date: \_\_\_\_\_ (dd/mm/yyyy) Capacity: \_\_\_\_\_

*[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 20 and 21.]*

*[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]*

**Part 8 – Contact Details**

22(a) Please give the name of a person who can be contacted about the application:

David Roberts

22(b) Please give one or more telephone numbers at which the person identified in question 22(a) can be contacted:

0845 497 8146

23. Postal address for correspondence associated with this application:

Eversheds LLP

Eversheds House

70 Great Bridgewater Street

Manchester

(Doc No. 5247558)

Postcode:

M1 5ES

24. 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:

davidroberts@eversheds.com