

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:

GROSVENOR CASINOS 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:

STATESMAN HOUSE
STAFFERTON WAY
MAIDENHEAD
BERKSHIRE

Postcode: SL6 1AY

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

006-000614-N-103221-007

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".]

Part 3 – Premises Details

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

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

On land to be reclaimed at Royal Pier, provisionally described as Building RPW Casino, Royal Pier Waterfront, Mayflower Park, Southampton, SO14 2AQ

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 building is expected to consist of a casino, service provision and A1-A5 premises at ground floor with a multi storey car park on 3 or more upper levels.

14(a) Are the premises or proposed premises situated in more than one licensing authority area?
~~Yes~~/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:**

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~~/No [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>	00:00 <i>hh:mm</i>	
Tue	00:00	00:00	
Wed	00:00	00:00	
Thurs	00:00	00:00	
Fri	00:00	00:00	
Sat	00:00	00:00	
Sun	00:00	00:00	

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:

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: ~~Yes~~/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~~/No [delete as appropriate]

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

GROSVENOR CASINO SOUTHAMPTON, WEST QUAY ROAD, SOUTHAMPTON SO15 1RE

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

The plan of the premises submitted is an indication only of the extent of premises and layout proposed as the building does not yet exist and is subject to further detailed design and development. The final location, construction and layout of the premises will comply with the requirements of the Gambling Act 2005 in respect of large casino premises licences.

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:



Print Name: ELAINE WHITTLE

Date: 27/06/2014 (dd/mm/yyyy) Capacity: AUTHORISED AGENT

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:

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:

ELAINE WHITTLE

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

01628 504356

23. Postal address for correspondence associated with this application:

GROSVENOR CASINOS LIMITED

STATESMAN HOUSE

STAFFERTON WAY

MAIDENHEAD

BERKSHIRE

Postcode:SL6 1AY

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:

elaine.whittle@rank.com