

**APPENDIX E**

**APPLICATION FOR PROVISIONAL STATEMENT BY GREAT EASTERN QUAYS  
LIMITED**





# SALANS

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Licensing Services  
9-10 Bath Street  
Bath  
BA1 1SN

## BY COURIER

Our Ref : JMP/LS/0222137.1  
Date : 25 February 2011

Direct Line : 020 4729 6035  
E-Mail : [jpolin@salans.com](mailto:jpolin@salans.com)

Dear Sirs

**Great Eastern Quays Casino Limited: application for a provisional statement under the Gambling Act 2005 for a small non-remote casino at Former Saw Close Clinic and Gala Bingo Hall, Saw Close, Bath BA1 1EY (the "Application")**

Please find enclosed the following documentation:

- (i) the Application;
- (ii) plans of the proposed premises in both A4 and A3 format for your convenience; and
- (iii) a cheque for the application fee of £8,000.

If you have any queries, please do not hesitate to contact Jonathan Polin at the above details.

Please acknowledge safe receipt of this letter.

Yours faithfully

**SALANS LLP**

Enc.

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**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 <input type="checkbox"/>	Large Casino <input type="checkbox"/>	Small Casino <input checked="" type="checkbox"/>
Bingo <input type="checkbox"/>	Adult Gaming Centre <input type="checkbox"/>	Family Entertainment Centre <input type="checkbox"/>
Betting (Track) <input type="checkbox"/>	Betting (Other) <input type="checkbox"/>	

**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: GREAT EASTERN QUAYS CASINO 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:

C/O SALANS LLP  
MILLENNIUM BRIDGE HOUSE  
2 LAMBETH HILL  
LONDON

Postcode: EC4V 4AJ

8(a) The number of the applicant's operating licence (as given in the operating licence): 26991

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): GREAT BATH CASINO

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

FORMER SAW CLOSE CLINIC AND GALA BINGO HALL  
SAW CLOSE  
BATH

Postcode: BA1 1EY

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

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 COMPRISES THREE FLOORS (GROUND, FIRST AND SECOND). THE PREMISES OCCUPY THE WHOLE OF THE SECOND FLOOR. THE PREMISES OCCUPY THE GROUND FLOOR WHICH ALSO INCLUDES THREE SEPARATE SELF CONTAINED RESTAURANTS. THE PREMISES OCCUPIES THE FIRST FLOOR, PART OF WHICH IS LINKED TO A GROUND FLOOR RESTAURANT.

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.

	Start	Finish	Details of any seasonal variation
Mon	hh:mm	hh:mm	
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

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:

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

**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:

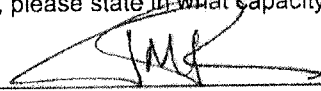
- Payment of the appropriate fee ~~has been made~~/is enclosed
- A plan of the premises or proposed premises is enclosed
- I/~~we~~ understand that if the above requirements are not complied with the application may be rejected
- I/~~we~~ understand that it is now necessary to advertise the application 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: JONATHAN MICHAEL POLIN

Date: 25 Feb 2011 (dd/mm/yyyy)

Capacity: APPLICANT'S 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:

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:

ANTONY WOLLENBERG

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

020 8458 4898

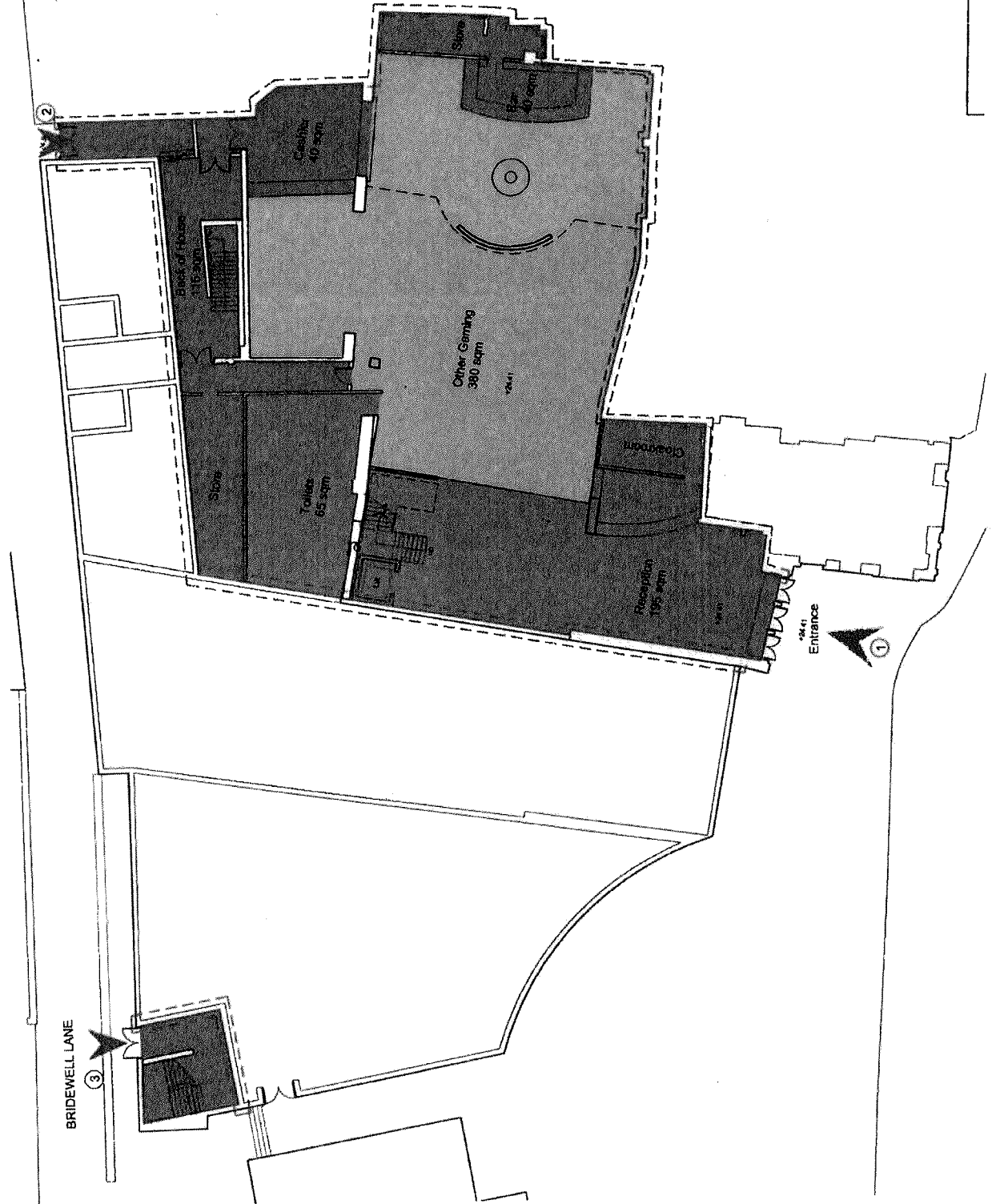
23. Postal address for correspondence associated with this application:

SALANS LLP  
MILLENNIUM BRIDGE HOUSE  
2 LAMBETH HILL  
LONDON  
FAO: JONATHAN POLIN  
Postcode: EC4V 4AJ

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:

lsadler@salans.com

- LEGEND**
- ① Principal entrance & exit from Westgate Buildings
  - ② Staff entrance & exit from Bridewell Lane
  - ③ Emergency exit only, from first & second floors to Westgate Buildings
  - Perimeter of Casino Premises (Gaming & Non Gaming 2,320 sqm)
  - Other Gaming (Total area 450 sqm)
  - Table gaming (Total area 560 sqm)
  - Non Gaming Area (1005 sqm)
  - Back of House Area (620 sqm)
  - Shared external & internal walls with other premises

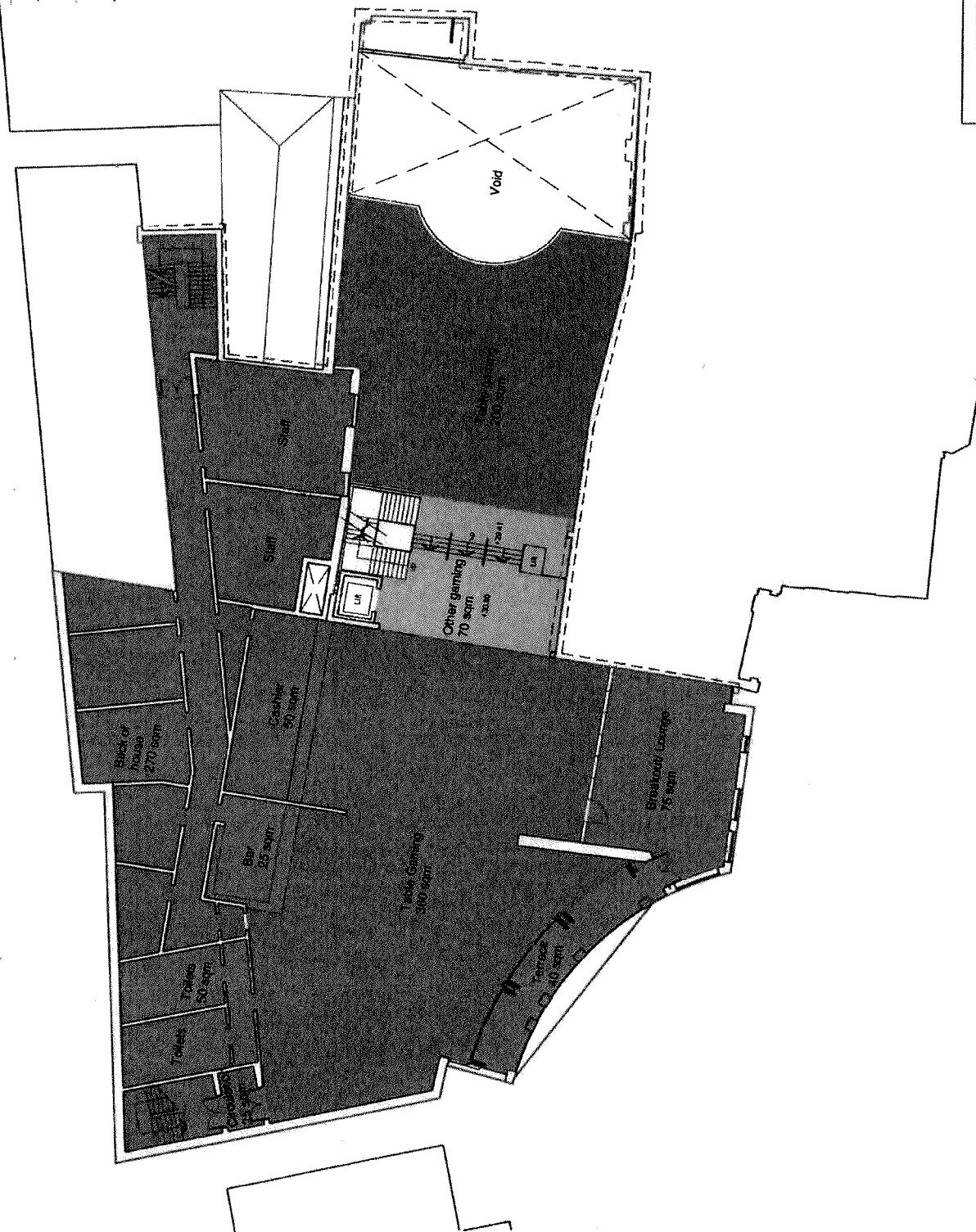


Note: Total gaming area 1040 sqm

LEGEND

- ① Principal entrance & exit from Westgate Buildings
- ② Staff entrance & exit from Bridewell Lane
- ③ Emergency exit only, from first & second floors to Westgate Buildings
- Perimeter of Casino Premises (Gaming & Non Gaming 2,920 sqm)
- Other Gaming (Total area 450 sqm)
- Table Gaming (Total area 580 sqm)
- Non Gaming Area (1005 sqm)
- Back of House Area (820 sqm)
- ⊠ Shared external & internal walls with other premises










Note: Total gaming area 1,010 sqm



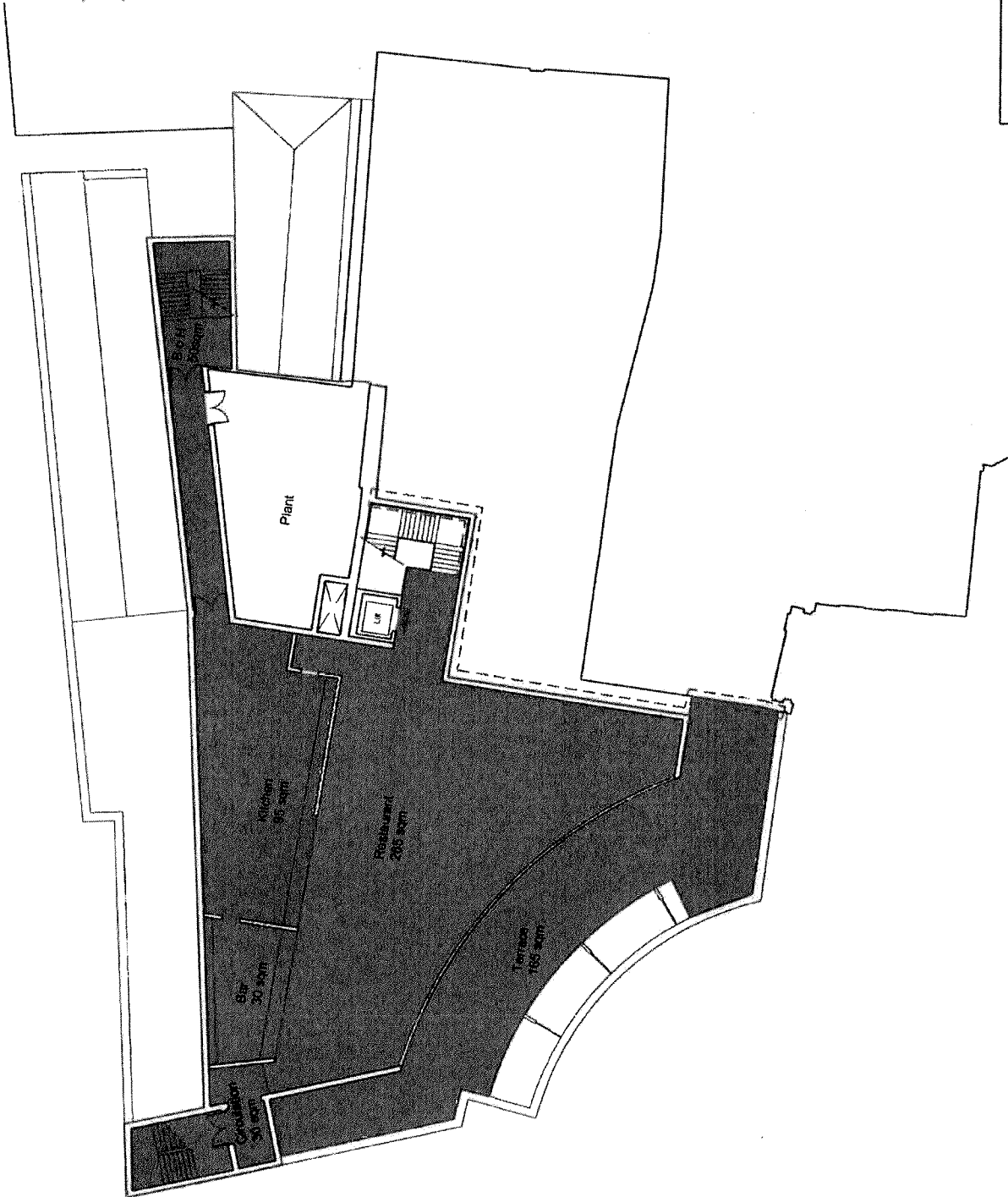
THIS PLAN IS THE PROPERTY OF SANDS CASINO AND SHOULD NOT BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF SANDS CASINO.



LEGEND

-  Principal entrance & exit from Westgate Buildings.
-  Staff entrance & exit from Biddewell Lane.
-  Emergency exit only, from first & second floors to Westgate Buildings.
-  Perimeter of Casino Premises (Gaming & Non Gaming 2,320 sqm)
-  Other Gaming (Total area 450 sqm)
-  Table gaming (Total area 560 sqm)
-  Non Gaming Area (1005 sqm)
-  Back of House Area (620 sqm)
-  Shared external & internal walls with other premises.

Note: Total gaming area 1,010 sqm



Saw Street Casino Schedule of Areas

	Ground	First	Second	TOTAL
Other Gaming	380	70	0	450
Non Gaming	300	215	190	1005
Back of House	155	320	145	620