

## 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: APOLLO RESORTS AND LEISURE LTD.

*[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:

APOLLO RESORTS AND LEISURE LTD.  
24 ADAM & EVE MEWS  
LONDON

Postcode: W8 6UJ

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

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: 24/05/2010

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): Not known at present

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

The Small Casino will be sited in a seven storey development (including a lower ground floor) at the following address: Cattlemarket site, Walcot Street, Bath. BA1 5BD.  
This is bordered by Walcot Street to the West, the River Avon to the East and the Hilton Hotel to the South. The Cattlemarket site is owned by BANES Council.  
The casino has a principal entrance from Walcot Street at ground floor level.  
The casino is based on the first floor of the seven storey building. The only access to the casino at first floor level is via the principal entrance. Also at the lower ground and ground floor levels, in separate units, will be commercial uses (that may include bars, restaurants, retail).  
The entrance to the hotel is at ground floor level with the accommodation sited on floors 2, 3, 4 & 5.

Postcode: BA1 5BD

12. Telephone number at premises (if known): Not known at present

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.

Answer to 13. is provided in a separate sheet at the end of this form. (\*)

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:** N/A

#### 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	00:00 <i>hh:mm</i>	24:00 <i>hh:mm</i>	N/A
Tue	00:00	24:00	
Wed	00:00	24:00	
Thurs	00:00	24:00	
Fri	00:00	24:00	
Sat	00:00	24:00	
Sun	00:00	24:00	

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: 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: ~~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:

We have included a sample of our Policies:

1. Crime and Disorder Policy
2. Social Responsibility and other policies.

These are attached separately at the end of this form.

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

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

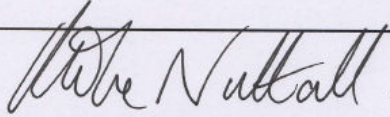
Checklist:

- Payment of the appropriate fee has been made/~~is enclosed~~
- A plan of the premises or proposed premises is enclosed
- ~~#~~we understand that if the above requirements are not complied with the application may be rejected
- ~~#~~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 of Applicant:



Print Name: MR MICHAEL EDWARD NUTTALL

Date: (28/02/2011)

Capacity: MANAGING DIRECTOR

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: \_\_\_\_\_

*[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:

**MR MIKE NUTTALL**

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

**T: 020 7937 1773**

23. Postal address for correspondence associated with this application:

**APOLLO RESORTS AND LEISURE LTD.**

**24 ADAM AND EVE MEWS**

**LONDON**

Postcode: **W8 6UJ**

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:

**mn@apolloresorts.com**

\*

**Answer No. 13**

**The Small Casino will be sited in a seven storey mixed use (leisure, entertainment, hotel, commercial development (including a lower ground floor) at the following address:**

**Cattlemarket site, Walcot Street, Bath. BA1 5BD.**

**This is bordered by Walcot Street to the West, the River Avon to the East and the Hilton Hotel to the South. The Cattlemarket site is owned by BANES Council.**

**The casino has a principal entrance from Walcot Street at ground floor level. The casino is based on the first floor of the seven storey building. The only access to the casino at first floor level is via the principal entrance.**

**Also at the lower ground and ground floor levels, in separate units, will be commercial uses (that may include bars, restaurants, retail). The entrance to the hotel is at ground floor level with the accommodation sited on floors 2, 3, 4 and 5.**