

**Application to vary a premises licence under the Gambling Act 2005**

**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.

**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 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:

**Merkur Slots UK Ltd**

7. The applicant's registered or principal address:

**Seebeck House  
1A Seebeck Place  
Knowlhill  
Milton Keynes**

Postcode: **MK5 8FR**

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

**003266-N-103444**

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.

## Part 2 – Premises Details

10. Trading name used at licensed premises:

**Merkur Slots**

11. Give the address of the premises or, if none, give a description of the premises and its location. Where the premises are a vessel, give the place indicated in the premises licence as the place in the licensing authority's area where the vessel is wholly or partly situated. Where possible this should include an address with a postcode:

**9-10 St James Street**

**Brighton**

Postcode: **BN2 1RE**

12. Telephone number at premises (if known):

13. Type of premises licence to be varied:

Regional Casino

Large Casino

Small Casino

Converted Casino

Bingo

Adult Gaming Centre

Betting (track)

Betting (other)

Family Entertainment Centre

14. Premises licence number (if known): **2021/00929/GABN**

15. If you are making this application alongside an application for transfer or reinstatement of the premises licence into your name, please give the name of the current licence holder as it appears on the premises licence (if known):

Surname:

Other name(s):

### Part 3 – Details of variations applied for

16(a) Please give details of any variation which is being applied for. Where the application includes an application to exclude or vary a condition of the premises licence, identify the relevant condition here (unless it relates to hours of operation which are dealt with in questions 16(b) and 16(c)):

- To remove the default hours for bingo as stated in 16c of the application
- To remove condition 1 on the premises licence restricting the hours permitted for machines to be made available.
- To add the following additional safeguarding licence conditions following discussions with the police;
  - 1. The Licensee shall provide all staff with a copy of the Local Area Risk Assessment to advise them on the specific issues in the local area. Any advice or information on the local area provided to the licensee by the Licensing Authority or Police shall be included within the Local Area Risk Assessment and a copy kept on site at all times.
  - 2. The licensee shall take reasonable steps to prevent street drinking of alcohol directly outside the premises and implement a policy of banning any customers who engage in crime or disorder or cause nuisance within or outside the premises. Notices visible from the exterior of the premises stating that customers drinking alcohol outside the premises is not permitted and those who do so will be banned from the premises.
  - 3. For 6 months from the date of the grant of the premises licence variation, the date to be confirmed in writing to the Licensing Authority, If trading past midnight the Maglock will always be in use. Following the initial 6-month period, the Maglock will always be available for use, and consistent use shall be risk assessed and cognisance taken of police advice.
  - 4. The Company's staff guard system or similar shall be installed and maintained at the premises, which allows direct communication with a central monitoring station permitting audio and CCTV communication.
  - 5. There shall be no pre-planned single staffing at the premises from 22:00.

16(b) Do you want the licensing authority to exclude or vary a condition of the licence so that the premises may be used for longer periods than would otherwise be the case?

**Yes**

16(c) If the answer to question 16(b) 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	<b>0.00</b>	<b>24.00</b>	
Tue	<b>0.00</b>	<b>24.00</b>	
Wed	<b>0.00</b>	<b>24.00</b>	
Thurs	<b>0.00</b>	<b>24.00</b>	
Fri	<b>0.00</b>	<b>24.00</b>	
Sat	<b>0.00</b>	<b>24.00</b>	

Sun	0.00	24.00	
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17. Please indicate any particular date on which you want the variation to take effect if approved:

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

**We have considered the impact of the proposed variation and the operator, Merkur Slots UK Ltd, have consulted with the police and licensing authority who've confirmed they have no local concerns of the proposed variation to the hours as outlined in this application.**

**Part 4 – Declarations and Checklist (Please tick as appropriate)**

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.


We confirm that the applicant(s) have the right to occupy the premises.

Checklist:

- Payment of the appropriate fee has been made
- A plan of the premises is enclosed
- The existing premises licence is enclosed
- The existing premises licence is not enclosed, but the application is accompanied by –
  - A statement explaining why it is not reasonably practicable to produce the licence and,
  - An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence
- 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 5 – Signatures**

19. 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: **Poppleston Allen**

Date: **07 March 2023** Capacity: **Solicitors for & on behalf of applicant**

20. 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:

### **Part 6 – Contact Details**

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

**REDACTED**

21(b) Please give one or more telephone numbers at which the person identified in question 21(a) can be contacted: **REDACTED**

22. Postal address for correspondence associated with this application:

**Poppleston Allen Solicitors**

**37 Stoney Street**

**The Lace Market**

**Nottingham**

**NG1 1LS**

23. 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:

**REDACTED**

