

Application for Relocation of Class 4 Gambling or TAB Venue



Applies to all Class 4 venues with consent to operate (including those licensed after 17 October 2001)

Section 1: Applicant's details:	<p>Full name of Society/Trust:</p> <p>Postal address: Postcode:</p> <p>Contact person:</p> <p>Telephone No. (Mon to Fri - 8am to 5pm):</p> <p>Email:</p>
Section 2: Existing venue details:	<p>Name of Venue:</p> <p>Street address: (please state the current address on the existing gambling venue licence) Postcode:</p> <p>Contact person:</p> <p>Telephone No. (Mon to Fri - 8am to 5pm):</p> <p>Current number of gaming machines in the venue:</p>
Section 3: Proposed venue details:	<p>Name of Proposed Venue: (if different from section 2)</p> <p>Street address: (please state the proposed new address/location of the venue) Postcode:</p> <p>Contact person: (if different from section 2)</p> <p>Telephone No. (if different from section 2):</p> <p>Proposed number of gaming machines for the relocated venue:</p> <p>Details of liquor license(s) applying to the premises and/or being applied for:</p>

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	Review date: 14/10/2021	M 2833226

Please continue over the page.

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Section 4: Reasons for relocation:	<p>Please explain the reason for requested relocation, including why the venue cannot continue to operate at the existing site:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(attach further information if required)</p>
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Section 5: Further information required:	<p>Full name of manager(s) of premises:</p> <p>.....</p> <p>Please attach a <u>copy</u> of the following with your application form:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Police approval for owners and manager <input type="checkbox"/> Gambling Harm Minimisation Policy <input type="checkbox"/> Staff Training Programme <input type="checkbox"/> Host Responsibility Programme <input type="checkbox"/> A scale site plan detailing both gambling and other activities proposed for the new venue, including details of each floor of the new venue, where gaming machines are to be located and the size of the area the gaming machines will occupy <input type="checkbox"/> locality map showing distances as required by the Hauraki District Council's Gambling Policy 2020. <input type="checkbox"/> Any additional information regarding your reasons for requiring relocation.
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Section 6: Application fee:	<p>Please attach your application fee:</p> <p><input type="checkbox"/> \$150.00 – Hauraki District</p>
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Section 7: Declaration:	<p>I declare that:</p> <ul style="list-style-type: none"> • I have read and understood the Hauraki District Council Gambling Policy 2020, and • The information contained in this application is correct. <p>Name (in full)</p> <p>Signature: Date:/...../.....</p>
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Office use only	
Completed by: Checked by: Council consideration date:	Notes:

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