

**Application for a premises licence
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, or
- To convert an authorisation granted under the Betting, Gaming and Lotteries Act 1963 or the Gaming Act 1968,

the application should be made on the relevant form for that type of premises or application.

Part 1 – Type of premises licence applied for

Regional Casino

Large Casino

Small Casino

Bingo

Adult Gaming Centre

Family Entertainment Centre

Betting (Track)

Betting (Other)

Do you hold a provisional statement in respect of the premises? Yes No

If the answer is “yes”, please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement):

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:

MERKUR Slots UK Ltd

7. The applicant's registered or principal address:

**Second Floor
Matrix House
North Fourth Street
Milton Keynes
MK8 1NJ**

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.

[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):

MERKUR Slots

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

**47- 48 Sidwell Street
Exeter
EX4 6NS**

12. Telephone number at premises (if known): **N/A**

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.

Ground Floor Only

14(a) Are the premises situated in more than one licensing authority area?

No

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 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?

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			
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

16. If you wish to apply for a premises licence with a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

A copy of Merkur Slots UK Limited's Operational Standards has been provided in support of the application and full copies of the Applicant's policies and procedures are available, if required.

A copy of Merkur Slots UK Limited's 'Working Together' document has also been supplied in support of the application, which provides an overview of the licensee's proposed operation.

Part 6 – Declarations and Checklist (Please tick)

We confirm that, to the best of 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.

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

Checklist:

- Payment of the appropriate fee has been made/is enclosed
- A plan of the 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

21. 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: **15 July 2024** Capacity: **Solicitors for & on behalf of the applicant**

22. 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: _____

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 21 and 22.]

[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

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

Felix Faulkner

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:

0203 859 7751

24. Postal address for correspondence associated with this application:

**Poppleston Allen
The Stanley Building
7 Pancras Square
Kings Cross
London
N1C 4AG**

25. 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:

f.faulkner@popall.co.uk