

Application for a Class 4 Gambling

Venue Consent



To: Marlborough District Council
Seymour Square
PO Box 443
Blenheim 7240

Section 1: Details of Applicant

Name of Society/Trust

Postal Address *(include post code)*:

Contact Person:

Telephone No: Cell Phone:

Email Address:

Section 2: Details of Gambling Venue

Name of Venue:

Street Address *(state the address of the premises proposed for the Class 4 licence)*:

Names of Management: Phone No:

Phone No:

Number of gaming machines currently in the venue (and number of proposed machines if applicable):
Current Proposed

Details of Alcohol licence(s) applying to the premises:

- Floor plan covering both gambling and other activities proposed for the venue
- Copy of gambling harm minimisation policy and staff training programme