

## Class 4 Gambling Venue Consent Application

*(For the purpose of Gambling Act 2003 & The Hamilton City Class 4 Venue Policy)*

|  |   |              |   |
|--|---|--------------|---|
| I  | <input type="text"/>                            | on behalf of | <input type="text"/>  |
|  | <i>(Full name)</i>                              |              | <i>(Society /Trust)</i>   |
| seek a class 4 venue consent for:  | <input type="text"/>                            | for          | <input type="text"/>  |
|  | <i>(Venue Trading name)</i>                     |              | <i>(Number of machines)</i>   |
| Street Address:  | <input type="text"/>                            |              |   |
| Legal Description:   | <input type="text"/>                            |              |   |
| <b>Names and Titles of Key persons at Society/Venue (ie: Owner/Operator/Manager)</b>   |   |              |   |
| Society Name:  | <input type="text"/>                            |              |   |
| Address:   | <input type="text"/>                            |              |   |
| Venue Owner:   | <input type="text"/>                            |              |   |
| Address:   | <input type="text"/>                            |              |   |
| <b>I attach:</b>   |   |              |   |
| <input type="radio"/>  | <b>\$600.00 fee</b> (includes GST) non-notified | <b>OR</b>    | <input type="radio"/>   |
|  |   |              | <b>\$1,400.00 deposit</b> (includes GST)<br><i>Discretionary (notified)</i> |
| These fees are effective from 1 July 2014. Fees are subject to change after this date.   |   |              |   |
| Payment can be made by cash, EFTPOS or credit card at the Municipal Building, Garden Place or by direct credit 02-0316-0030142-006. If paying by direct credit, please quote <b>Particulars:</b> Planning, <b>Code:</b> Name of Applicant, <b>Reference:</b> Address of Application. |   |              |   |
| <input type="radio"/>  | <b>Computer Freehold Register</b>               |              |   |
| Applicant/Agent Name:  | <input type="text"/>                            |              |   |
| Postal Address for Service:  | <input type="text"/>                            | Post Code:   | <input type="text"/>  |
| Signature:   | <input type="text"/>                            | Date:        | <input type="text"/>  |
| Work Phone:  | <input type="text"/>                            | Mobile:      | <input type="text"/>  |
| Home Phone:  | <input type="text"/>                            | Fax:         | <input type="text"/>  |
| Email:   | <input type="text"/>                            |              |   |

## **IMPORTANT!**

Has the prescribed procedure of pre-application and lodgement meetings been followed?  
If not, the application is likely to be returned.

## **Send**

Email this form to [planning.guidance@hcc.govt.nz](mailto:planning.guidance@hcc.govt.nz), drop into the duty planner at the ground floor of Municipal Building, Garden Place between 8am and 4.45pm Monday to Friday or Post to Planning Guidance, Hamilton City Council, Private Bag 3010, Hamilton 3240