

## Submission on a Publicly Notified Class 4 Gambling Venue Application

Gambling Act 2003 and the Hamilton City Class 4 Gambling Venue Policy

OFFICE USE ONLY

File No: \_\_\_\_\_

Submission No: \_\_\_\_\_

### Submitter's Details

Full name:

Address:

Postal code:

Name of agent:  
*(if any)*

Address for service:  
*(if different from above)*

Work Phone:

Mobile:

Home Phone:

Fax:

Email:

### Submission Details

I/we  **support** parts or all of  **oppose** parts or all of  in **neutral** to parts or all of  
*(tick as many as relevant)*

the application made by (name of applicant):

to establish a Class 4 Gambling Venue located at (address of proposal):

1. The particular parts of the application I support/oppose/in neutral to (delete as many as relevant) are:

2. The reasons for my submission are:

3. The decision I wish the Council to make is (include any conditions of a general nature):

I wish to be heard in support of my submission: *(If not ticked, Council will assume 'NO')*       Yes       No

I have attached additional information in support of my submission:       Yes       No

Signature of submitter:

Date:

*Signature is not required if you are making a submission by email*

***The closing date for serving a submission on Hamilton City Council is the 7th working day after notification date.***

## Send

Email this form and supporting documents to [planning.guidance@hcc.govt.nz](mailto:planning.guidance@hcc.govt.nz), or drop into the duty planner at the ground floor at Municipal Building, Garden Place between 8am-4.45pm Monday to Friday.

**or post to:**

### Planning Guidance Manager

Planning Guidance Unit  
Hamilton City Council  
Private Bag 3010  
Hamilton 3240

**Remember to:**

Attach all supporting documents