

## Application to vary a premises licence under the Gambling Act 2005

### 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.

#### Part 1 – 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: **DOUBLE DIAMOND GAMING LIMITED**

*[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.]*

7. The applicant's registered or principal address:

**10<sup>TH</sup> FLOOR COBALT SQUARE  
83 HAGLEY ROAD  
BIRMINGHAM**

Postcode: **B16 8QG**

8(a) The number of the applicant's operating licence (as given in the operating licence):

**000-023761-A-305961-007**

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:

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 2 – Premises Details

10. Trading name used at licensed premises: **RAINBOW CASINO**

11. Give the address of the premises or, if none, give a description of the premises and its location. Where the premises are a vessel, give the place indicated in the premises licence as the place in the licensing authority's area where the vessel is wholly or partly situated. Where possible this should include an address with a postcode:

**AINTREE OVAL  
TEESIDE PARK  
MIDDLESBROUGH**

Postcode: **TS17 7BU**

12. Telephone number at premises (if known):

13. Type of premises licence to be varied:

Regional Casino

Large Casino

Small Casino

Converted Casino

Bingo

Adult Gaming Centre

Betting (track)

Betting (other)

Family Entertainment Centre

14. Premises licence number (if known): **MBRO/GPR025/082670**

15. If you are making this application alongside an application for transfer or reinstatement of the premises licence into your name, please give the name of the current licence holder as it appears on the premises licence (if known):

Surname:

Other name(s):

**Part 3 – Details of variations applied for**

16(a) Please give details of any variation which is being applied for. Where the application includes an application to exclude or vary a condition of the premises licence, identify the relevant condition here (unless it relates to hours of operation which are dealt with in questions 16(b) and 16(c)):

**TO VARY THE CONVERTED CASINO PREMISES LICENCE FOR THE FORMER RAINBOW CASINO, TEESIDE PARK, MIDDLESBROUGH TS17 7BU SO AS TO RELOCATE IT SO IT RELATES TO A SEGREGATED AREA WITHIN PART OF THE GROUND FLOOR OF 22 NEWPORT ROAD, MIDDLESBROUGH TS1 5AE AS MORE PARTICULARLY SHOWN ON THE PLANS ATTACHED TO THIS APPLICATION, PURSUANT TO SECTION 187 OF THE GAMBLING ACT 2005 AS MODIFIED BY PARAGRAPH 65(12) OF PART 7 OF SCHEDULE 4 TO THE GAMBLING ACT 2005 (COMMENCEMENT NO 6 AND TRANSITIONAL PROVISIONS) ORDER 2006.**

**TO VARY THE LICENCE TO CONFIRM THE REMOVAL OF THE DEFAULT CONDITION TO PERMIT THE OPERATION OF THE PREMISES ON A 24 HOUR BASIS**

16(b) Do you want the licensing authority to exclude or vary a condition of the licence so that the premises may be used for longer periods than would otherwise be the case?

**YES [DELETE AS APPROPRIATE]**

16(c) If the answer to question 16(b) 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	00:00 <i>hh:mm</i>	00:00 <i>hh:mm</i>	
Tue	00:00	00:00	
Wed	00:00	00:00	
Thurs	00:00	00:00	
Fri	00:00	00:00	
Sat	00:00	00:00	
Sun	00:00	00:00	

17. Please indicate any particular date on which you want the variation to take effect if approved:

**UPON THE GRANT OF THE APPLICATION**

18. Please set out any other matters which you consider to be relevant to your application:

**THE APPLICATION IS MADE ALONGSIDE A SEPARATE APPLICATION TO VARY THE AGC GAMBLING PREMISES LICENCE RELATING TO 22 NEWPORT ROAD, MIDDLESBROUGH TS1 5AE HELD BY LUXURY LEISURE (RE MBRO/GPR057/076579), WHICH HOLDS AN OPERATING LICENCE, IN ORDER TO REMOVE PART OF THE GROUND FLOOR OF THE PREMISES FROM THE DEMISE OF THE LICENSED AGC. A CONDITION IS BEING OFFERED THAT THE CASINO PREMISES WILL NOT TRADE TO THE PUBLIC AS A CASINO WHILST LOCATED SOLELY IN THE AREA SHOWN ON THE PLAN REFERENCE 931-955-105\_037 WITHIN THE GROUND FLOOR OF 22 NEWPORT ROAD.**

**Part 4 – Declarations and Checklist (Please tick as appropriate)**

- I/ We confirm that, to the best of my/ our knowledge, the information contained in this application is true. I/ 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.
- I/ 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
  - The existing premises licence is enclosed
  - The existing premises licence is not enclosed, but the application is accompanied by –
    - A statement explaining why it is not reasonably practicable to produce the licence and,
    - An application under the Section 190 of the Gambling Act 2005 for the issue of a copy of the licence
  - I/we understand that if the above requirements are not complied with the application may be rejected
  - I/ we understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities

**Part 5 – Signatures**

19. 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:

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Print Name: **INCE GORDON DADDS LLP**

Date: **1<sup>st</sup> April 2022** Capacity: **AGENTS FOR THE APPLICANT**

20. 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:

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Print Name: \_\_\_\_\_

Date:           (dd/mm/yyyy)           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 19 and 20.]*

*[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 6 – Contact Details

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

**PHILIP SOMARAKIS AND ANDREW COTTON, INCE GORDON DADDS LLP**

21(b) Please give one or more telephone numbers at which the person identified in question 21(a) can be contacted:

**0207 759 1364 OR 0207 759 1623**

22. Postal address for correspondence associated with this application:

**ANY CORRESPONDENCE THAT IS REQUIRED TO BE SENT BY POST CAN BE SENT TO THE FOLLOWING ADDRESS:**

**INCE  
ALDGATE TOWER  
2 LEMAN STREET  
LONDON**

Postcode: **E1 8QN**

23. 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:

[philipsomarakis@incegd.com](mailto:philipsomarakis@incegd.com)  
and [andrewcotton@incegd.com](mailto:andrewcotton@incegd.com)