

## APPLICATION FOR CLASS 4 GAMBLING VENUE CONSENT

### Manawatu District Council Gambling Venue Policy – Section 101 Gambling Act 2003

**Send or deliver your application to:**

The Chief Executive  
Manawatu District Council  
Private Bag 10 001, Feilding 4743  
135 Manchester Street, Feilding 4702

**For enquiries:**

phone 06 323 0000  
fax 06 323 0822  
email [public@mdc.govt.nz](mailto:public@mdc.govt.nz)

### APPLICANT DETAILS

Name and address (for Incorporated Society – Gaming Machine Supplier):

Postal address:

Daytime contact and phone number:

### PREMISES DETAILS

Address of proposed premises:

Proposed trading name for premises (if any):

Does the applicant own the proposed premises:  YES  NO

If NO, what is the full name and address of the owner:

**APPLICATION DETAILS**

Number of gaming machines to be installed:

Frequency of distribution of gaming funds to the community (this question does not apply to Clubs):

- Weekly
                         
  Fortnightly
                         
  Monthly
                         
  Quarterly  
 Every 6 Months
                         
  Annually
                         
  Other \_\_\_\_\_

**NOTE: distribution of funds to local groups and organisations in the Manawatu District is required to be publically notified at least annually.**

Are the premises within 100m of the entrance way to any school, early childhood centre, kindergarten, after school care facility, place of worship or other community facility (this question does not apply to premises in the Feilding CBD):

- YES             NO

Is the premise a stand-alone TAB:             YES             NO

Is the premise licensed:             YES             NO            License Number:

Location of machines within the premises (please attached a detailed floor plan clearly defining location of gaming machines):

Has Police approval for the owners and managers of the venue been obtained (please attach):     YES             NO

What is the primary purpose of the venue:

- Sale of Liquor
                         
  Sale of Liquor and Food
                         
  TAB
                         
  Sporting Activity  
 None of these \_\_\_\_\_

**APPLICANTS SIGNATURE**

Signature of Applicant

Dated at \_\_\_\_\_ (place)

This (day) \_\_\_\_\_ of (month) \_\_\_\_\_ 20 (year) \_\_\_\_\_

*Note: the information provided on this form will be used to process your application., Only Manawatu District Council staff will have direct access to this information. The information requested is required under the Gambling Act 2003. Under the Privacy Act 1993, you have the right of access to personal information about you held by the Council. You are also entitled to request information about you to be corrected.*