

LOCAL RISK ASSESSMENT

Swanage Bay View Holiday Park

Away Resorts have held an Operators Licence since 2009 and have held Bingo Licences at other holiday parks without any issues arising.

The Swanage Bay View Holiday Park is located on the Southwestern edge of Swanage. The area in the vicinity of the premises is a low crime area.

Within a ¼ mile radius of the premises there are no:

- schools, playgrounds, toy shops, leisure centres and other areas where children will gather; (excluding those within the Applicant's property),
- significant presence of young children, both residents and visitors; (excluding those within the Applicant's property),
- homeless hostels,
- nearby gambling, alcohol, drug or mental health support facility,
- pawn broker/pay day loan businesses, or
- other gambling premises.

2019 information places the postcode, within which the premises are located, an 'Index of Multiple Deprivation' (IMD) of 6. The postcode has an 'Employment Decile' of 4.

The area within a ¼ mile radius of the premises is sparsely populated and therefore does not have high levels of vulnerable groups, rough sleepers, homeless people or specific ethnic population.

Bingo is an ancillary entertainment facility at the Park. Bingo may be played at the Park as a linked game with other Away Resorts Parks or in isolation but the value of the prizes in comparison to Bingo Halls is much smaller.

As this is a family holiday park it is intended that persons under the age of 18 will be present on the premises when Bingo is being played however, no category B or C machines are to be made available when Bingo is played. The machines will be switched off throughout.

The premises are appropriately staffed at all times and the areas used for gaming on site are monitored by staff and CCTV coverage. When gaming facilities are provided, a more than one member of staff will be on duty.

Gamcare materials are displayed and available in the areas where gaming takes place.

Staff are fully trained to ensure that no person under the age of 18 engages in the playing of Bingo and there are suitable notices placed within the premises to advise holiday makers of the rules, both in relation to the playing of Bingo and the age restriction.

Given this the Park is a very low level of risk and no additional measures are considered necessary over and above the Company's Gambling Policy and "Access to Gambling by Children and Young Persons" at page 5 of that said Policy (appended)

We welcome information from Local Authority when they make any changes to their local area profile which may impact on this holiday park and are aware of the Council's local risk assessment template.

Application for a Premises Licence under the Gambling Act 2005 (Standard Form)

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.

Where the application is –

- In respect of a vessel, or
- To convert an authorisation granted under the Betting, Gaming and Lotteries Act 1963 or the Gaming Act 1968,

the application should be made on the relevant form for that type of premises or application.

PART 1 - Type of premises licence applied for

- | | | |
|---|--|--|
| Regional casino <input type="checkbox"/> | Large casino <input type="checkbox"/> | Small casino <input type="checkbox"/> |
| Bingo <input checked="" type="checkbox"/> | Adult gaming centre <input type="checkbox"/> | Family entertainment centre <input type="checkbox"/> |
| Betting (Track) <input type="checkbox"/> | Betting (Other) <input type="checkbox"/> | |

Do you hold a provisional statement in respect of the premises? Yes No

If the answer is "yes", please give the unique reference number for the provisional statement (as set out at the top of the first page of the statement)

.....

PART 2 - 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:
...**Away Resorts 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:
...**The Maylands Building**.....
...**200 Maylands Avenue**.....
...**Hemel Hempstead**.....
...**Herts**.....
.....Postcode:..**HP2 7TG**..

8(a) The number of the applicant's operating licence (as given in the operating licence):
...**008295-N-101798-012**.....

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 3 - Premises details

10. Proposed trading name to be used at the premises (if known):
...**Swanage Bay View Holiday Park**.....

11. Address of the premises (or, if none, give a description of the premises and their location):
...**Panorama Road**
...**Swanage**
...**Dorset**.....
.....Postcode:..**BH19 2QT**..

12. Telephone number at premises (if known):...**03300 584150 (via Solicitors)**.....

13. If the premises are in only a part of a building, please describe the nature of the building (for example, a shopping centre or office block). The description should include the number of floors within the building and the floor(s) on which the premises are located.

...**The venue at the main complex as indicated on the attached plan**.....

.....
.....
.....
.....

14(a) Are the premises situated in more than one licensing authority area?

[Yes] [No]
[delete as appropriate]

14(b) If the answer to question 14(a) is yes, please give the names of all the licensing authorities within whose area the premises are partly located, **other than the licensing authority to which the application is made.**

.....
.....

PART 4 - Times of operation

15(a) Do you want the licensing authority to exclude a default condition so that the premises may be used for longer periods than would otherwise be the case?

[Yes] [No]
[delete as appropriate]

[Where the relevant kind of premises licence is not subject to any default conditions, the answer to this question will be no].

15(b) If the answer to question 15(a) 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.

	Start	Finish	Details of any seasonal variation
Mon			
Tues			
Wed			
Thur			
Fri			
Sat			
Sun			

16(a). If you wish to apply for a premises licence with a condition restricting gambling to specific periods in a year, please state the periods below using calendar dates:

.....
.....

PART 5 - Miscellaneous

17. Proposed commencement date for licence (leave blank if you want the licence to commence as soon as it is issued):

...../...../..... (dd/mm/yyyy)

18(a) Does the application relate to premises which are part of a track or other sporting venue which already has a premises licence? **[Yes][No]**
(delete as appropriate)

18(b) If the answer to question 18(a) is yes, please confirm by ticking the box that an application to vary the main track premises licence has been submitted with this application.

19(a) Do you hold any other premises licences that have been issued by this licensing authority? **[Yes] [No]**
(delete as appropriate)

19(b) If the answer to question 19(a) is yes, please provide full details:.....
.....
.....

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

PART 6 - Declarations and Checklist (Please tick)

~~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.** **X**

~~I~~**We confirm that the applicant(s) have the right to occupy the premises.** **X**

Checklist:

- **Payment of the appropriate fee has been made** **X**
- **A plan of the premises is enclosed** **X**
- **I/We understand that if the above requirements are not complied with the application may be rejected** **X**
- **I/We understand that it is now necessary to advertise the application and give the appropriate notice to the responsible authorities** **X**

PART 7 – Signatures

21. 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: *John Gaunt & Partners*

Print Name:....**John Gaunt & Partners**.....

Date:.....**23rd December 2024**.....Capacity:**Solicitor for the Applicant**

22. 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:.....

Print Name:.....

Date:.....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 21 and 22.]

[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.]

Empty space for additional signatures or information.

PART 8 - Contact details

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

...**Jon Wallsgrove**

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted:

...**03300 584150**

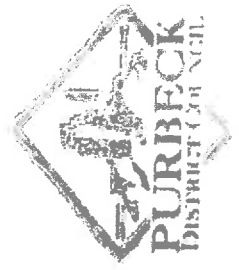
24. Postal address for correspondence associated with this application:

...**Unit 37, Haslar Marine Technology Park Haslar Road, Gosport, Hants**
.....Postcode:..**PO12 2AG**.....

25. 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:

...**JWallsgrove@john-gaunt.co.uk**.....

Annex 4 – Plans of Premises



Licensing Office
Westport House
Worgret Road
Wareham
Dorset
BH20 4PP
licensing@purbeck-dc.gov.uk

