



5. Tick the box if the application is being made by more than one person

### **Section B**

#### **Application on behalf of an organisation**

6. Name of applicant business or organisation: **312 Investments Limited**

7. The applicant's registered or principal address: **Grovedell House, 15 Knightswick Road, Canvey Island, Essex,**

Postcode: **SS8 9PA**

8(a) The number of the applicant's operating licence (as given in the operating licence):  
**067529-N-341548-001**

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

### **Part 3 – Premises Details**

10. Proposed trading name to be used at the premises (if known): **Vault Casino**

11. Address of the premises (or, if none, give a description of the premises and their location): **574 High Road, Wembley**

Postcode: **HA0 2AA**

12. Telephone number at premises (if known):

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 floor(s) on which the premises are located.  
**The premises will occupy the ground floor of a 4 story building.**

14(a) Are the premises situated in more than one licensing authority area? **No**

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 this 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? **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.

	<i>Start</i>	<i>Finish</i>	<i>Details of any seasonal variation</i>
Mon	<i>hh:mm</i>	<i>hh:mm</i>	
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

16. 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):

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

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? **No**

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: **The Applicant has included a copy of its Policies and Procedures with the application**

**The Applicant considers the following conditions appropriate to be attached to the Premises Licence**

#### **CCTV**

1. The venue shall install and maintain a comprehensive CCTV system at the premises as per the minimum requirements of the Metropolitan Police Licensing Team. This system should cover:

- a) All entry and exit points to and from the premises enabling frontal identification of every person entering under any light conditions.
- b) The areas of the premises to which the public have access (excluding toilets)
- c) Gaming machines and the counter area

2) The CCTV system shall continually record whilst the venue is open for licensable activities and during all times when customers remain on the premises. All recordings shall be stored for a minimum period of thirty one days with date and time visible.

Recordings shall be immediately arranged by a member of staff for handover to Police or authorised officer following their request.

3. Notices indicating that CCTV is in use at the premises shall be placed at or near the entrance to the premises and within the premises.

4. A monitor shall be placed inside the premises above the front door showing CCTV images of customers entering exiting the premises.

#### Children and Young People

5. A "Challenge 25" proof of age scheme shall be operated at the premises where the only

acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS Hologram.

6. The licensee shall maintain a bound and paginated or electronic refusals register at the premises. The register shall be produced to the police or licensing authority forthwith upon request.

7. Prominent signage and notices advertising the Challenge 25 will be displayed showing the operation of such policy.

8. Third party testing on age restricted sales systems purchasing shall take at least twice a year and the results shall be provided to the Licensing Authority upon request.

#### Staffing levels

9. There will be a minimum of two members of staff at all times, with one member of staff a licensed SIA operator at night time.

10. Staff shall continuously monitor customer activity when they are in the premises.

#### Identification of Offenders or Problem Persons

11. The Licensee shall implement a policy of banning any customers who engage in crime or disorder within or outside the premises.

12. No alcohol shall be permitted to be consumed on the premises at any time during which facilities for gambling are being provided on the premises.

13. The licensee will refuse entry to customers who appear to be under the influence of alcohol or drugs.

#### Seating

14. The licensee shall ensure that all seating within the premises are either secured to the floor or are weighted to prevent lifting.

#### Alarms

15. The licensee shall install and maintain an intruder alarm on the premises.

16. The premises shall install and maintain a panic button behind the cashiers counter.

#### Toilets

17. The licensee will ensure that should customer toilets be provided, they are checked every hour for evidence of drug taking. Toilet checks are to be documented stating the time and member of staff who made the checks.

#### Signage, Promotional Material and Notices

18. Prominent GamCare documentation will be displayed at the premises.

#### Staff Training

19. The licensee shall provide training on the specific local risks to the licensing objectives that have been identified for these premises as part of the staff induction

training programme. periodically provide refresher training to all of its staff working at these premises on the specific local risks to the licensing objectives.

20. The Licensee shall train staff on specific issues related to the local area and shall conduct periodic refresher training. Participation in this training shall be formally recorded and the records produced to the police or licensing authority upon request.

21. New and seasonal staff must attend induction training and receive refresher training every six months. Participation in this training shall be formally recorded on each member of staffs training records which, if requested will be presented to the Licensing Authority as soon as practicable.

#### Homeless and Street Drinking

22. The Licensee shall take all reasonable steps to prevent street drinking of alcohol directly outside the premises and to ban from the premises those who do so.

23. The Licensee shall place a notice visible from the exterior of the premises stating that customers drinking alcohol outside the premises is not permitted and those who do so will be banned from the premises. Recording of Incidents and

#### Visits

24. An incident log shall be kept for the premises and made available on request to an authorised officer of the Council or the Police which will record the following;

- a) All crimes reported to the venue;
- b) Any complaints received regarding crime and disorder;
- c) Any incidents of disorder;
- d) Any faults in the CCTV system; and
- e) Any visit by a relevant authority or emergency service

### **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/is enclosed **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:



Print Name: **Debbie Bollard**

Date: **08/04/2026** Capacity: Licensing Consultant

22. For joint applications, signature of 2<sup>nd</sup> applicant, or 2<sup>nd</sup> applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Date:

Capacity:

## Part 8 – Contact Details

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

23(b) Please give one or more telephone numbers at which the person identified in question 23(a) can be contacted: **01526 341162**

24. Postal addresses for correspondence associated with this application: **Hough & Bollard Ltd 5 Tarleton Avenue Woodhall Spa**

Postcode: **LN10 6SE**

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: **debbie@houghandbollard.co.uk**