

**APPLICATION FOR AN ADULT GAMING CENTRE PREMISES
LICENCE TO BE GRANTED UNDER THE GAMBLING ACT 2005**

Name of Applicant: Golden Slots (Southern) Limited

Full postal address of premises: 12 High Street, Croydon, CR0 1YA

Postal address of local authority where register of applications is kept for general viewing: London Borough of Croydon, Licensing Team, 3rd Floor Zone B, Bernard Weatherill House, 8 Mint Walk, Croydon, CR0 1EA. Application details can be viewed by appointment only at Access Croydon, Bernard Weatherill House, between 9am - 3.45pm, Monday to Friday (except bank holidays)

If you wish to make any representations in relation to this application, please do so in writing by midnight on 4th May 2026 to the following address:

**London Borough of Croydon
Licensing Team,
3rd Floor, Zone B
Bernard Weatherill House
8 Mint Walk
Croydon, CR0 1EA
Or By Email to: licensing@croydon.gov.uk**

It is an offence to knowingly or recklessly make a false statement in connection with an application. The maximum fine on summary conviction for such an offence is unlimited.

Please note - an applicant has the right to know the name and address of any person making representations, Therefore, you must supply your name and address when making any representations. Please contact the Licensing Team should you wish to discuss this at licensing@croydon.gov.uk

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: **Golden Slots (Southern) Limited**

7. The applicant's registered or principal address: **15-17 Upper George Street,
Connaught House, Luton**

Postcode: **LU1 2RD**

8(a) The number of the applicant's operating licence (as given in the operating licence):
043695-N-323074-012

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

Part 3 – Premises Details

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

11. Address of the premises (or, if none, give a description of the premises and their location): **12 High Street, Croydon**

Postcode: **CR0 1YA**

12. Telephone number at premises (if known): **Not 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 basement and ground floor of the 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 as evidence of how it will comply with its obligation to promote the licensing objectives and the Licence Conditions and Codes of Practice issued by the Gambling Commission**

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: _____

Date: 2 April 2026 Capacity: Licensing Consultant

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: _____

Part 8 – Contact Details

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

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

24. Postal addresses for correspondence associated with this application: ,

Postcode: |

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: