

**Submission on application by Christchurch Casinos Limited for  
Renewal of Casino Venue Licence under section 134 Gambling Act 2003**

*You may use the below form to provide your feedback on the application by Christchurch Casinos Limited to renew their Casino Venue Licence for the Christchurch Casino, located at 30 Victoria Street, Christchurch. The full application can be read on the Gambling Commission's website [here](#).*

To: The Gambling Commission

From: Harry Westrupp \_\_\_\_\_

*Full name of submitter*

1. I **support** the application by Christchurch Casinos Limited to renew their Casino Venue Licence.
2. The reasons for my **support** to the application are: *(please circle one, and use extra pages if necessary)*

It is another entertainment option for the locals.

\_\_\_\_\_

An entertainment option for tourist and out of town family members. \_\_\_\_\_

\_\_\_\_\_

A great option for out of town sporting teams. I am the chairperson of the Te Waipounamu Maori Golf association, which host 2 events a year in Christchurch with our Easter event run over the weekend. Our members look forward to spending time at the Christchurch casino.

\_\_\_\_\_

The casino would be one of the largest employers of people in Christchurch. \_\_\_\_\_

\_\_\_\_\_

Supports and sponsors many large sporting events on the regional calendar.

\_\_\_\_\_

The Christchurch casino provides a wide range of employment opportunities and training.

The casino provides a safe entertainment environment

- \_\_\_\_\_
3. I **would / would not** like to attend and be heard at the public hearing of the application. *(circle one)*
  4. If you **would** like to attend and be heard at the public hearing, please explain below:
    - your connection with the Casino;
    - why you are interested in the application; and

- a brief outline of the information you could provide at the hearing to assist the Gambling Commission in making their decision on the application.

*(please use extra pages if necessary)*

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\_\_\_\_\_  
Signature of submitter *(a signature is not required if you make your submission by electronic means)*

7/8/2018

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_  


Telephone: \_\_\_\_\_  


Postal address: \_\_\_\_\_  
  
\_\_\_\_\_  
\_\_\_\_\_

**Note to submitter**

The closing date for submissions is the **8 August 2018**. The Gambling Commission must receive your submission by the closing date.

You can send your completed submission by email to:  
**[info@gamblingcom.govt.nz](mailto:info@gamblingcom.govt.nz)**

Or, you can send your completed submission by post to:  
**PO Box 137295, Parnell, Auckland 1052**