

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY [Small Society Lottery]

If you are completing this form by hand, please write legibly in block capitals using black ink.

SECTION A - Details of s	ociety	applyii	ng for r	egistration						
1. Name of society										
2. Address (including post office or head office of soc		f								
3. Telephone number of s	ociety [i	f applic	able]							
4. Please state the purpos which the society is establi conducted										
5. If the society is a registe unique charity registration			ease gi	ve the socie	ety's					
6. Has the society held an operating in the period of five years ending with						ct 2005	Yes	N	lo	
7. If the answer to question 6 is 'Yes' revoked in the period of five years end							Yes	N	lo	
8. If the answer to question 7 is 'Yes', please state the reasons for revocation and enclose a copy of the notice of revocation if one is available										
9. Has the society applied for and been the period of five years ending with the				•	_	e in	Yes	No	0	
SECTION B - General inf	ormatio	on abo	ut pers	on applyin	g on be	half of s	society	•		
10. Name										
10a Address										
(Including postcode)										
11. In what Capacity are you making this application										
12. Daytime telephone number										
13. Email address										
SECTION C - Contact de	tails fo	r corre	sponde	ence assoc	iated w	ith this	applica	ation		
14. Please tick one box as application:	approp	oriate to	o indicat	te address f	or corre	esponder	nce in r	elation to	this	
Address in section A		Addres	ss in se	s in section B			Address in Section C			
Address (including postcoo	de)									
Telephone number										



Email address (if the applicant is happy for correspondence in relation to this application to be sent via e-mail)							
SECTION D – Declaration							
15. Please complete the following declaration and checklist:							
I [Full Name]							
I make this application on behalf of the society referred to in Section A and have authority to act on behalf of that society.							
I enclose payment of the registra	Yes No						
I confirm that, to the best of my knowledge, the information contained in this application is true. I 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.							
Signature	С	Date					

Note to societies applying for registration:

The application will be refused if in the period of five years ending with the date of the application:

- (a) an operating licence held by the society has been revoked under section 119(1) of the Gambling Act 2005, or
- (b) an application for an operating licence made by the society has been refused.

The application may be refused if the local authority thinks that:

- (a) the society is not a non-commercial society,
- (b) a person who will or may relate to the promotion of the lottery has been convicted of a relevant offence, or
- (c) information provided in or with the application is false or misleading.

Please return this form either by email to licensing@richmondshire.gov.uk or to:

Licensing Section Richmondshire District Council Mercury House Richmond North Yorkshire DL10 4JX