

Blackpool Council

GAMBLING ACT 2005

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY

(For use by a Small Society Lottery)

Applicants Name:	
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Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8397
F: (01253) 47 8372

www.blackpool.gov.uk

If you are completing this form by hand, please write legibly in **BLOCK CAPITALS** using ink.

SECTION A – Details of society applying for registration:

Name of Society:									
Address of office or Head Office of Society									
		Post Code							
Telephone Number		Mobile Number							

1. Please state the purpose(s) for which the society is established and conducted		
2. Has the society ever registered as a non-commercial society either in Blackpool or with another Authority ? If the answer is Yes, please give details.	Yes	No
3. If the society is a registered charity, please give the society's unique registration number		
4. Has the society held an operating licence under the Gambling Act 2005 in the period of five years ending with the date of this application?	Yes	No
5. If the answer to question 3 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?	Yes	No
6. If the answer to question 4 is 'Yes', please state the reasons for revocation and enclose a copy of the notice of revocation if one is available		
7. Has the society applied for and been refused an operating licence in the period of five years ending with the date of this application?	Yes	No

SECTION B – General information about person applying on behalf of society:

Title:	Mr	Mrs	Miss	Ms	Forename (s)						
Surname											
Home address											
						Post Code					
Telephone Number					Mobile Number						

SECTION C – Contact details for correspondence associated with this application:

Please tick one box as appropriate to indicate address for correspondence in relation to this application:											
Address in section A	<input type="checkbox"/>	Address in section B	<input type="checkbox"/>	Address in section C	<input type="checkbox"/>						
Address											
						Post Code					
Telephone Number					Mobile Number						
E-mail address (if the applicant is happy for correspondence in relation to this application to be sent via e-mail)											

SECTION D – Declaration (please tick as appropriate):

Please complete the following declaration and checklist:											
Full Name											
A. I make this application on behalf of the society referred to in Section A and have authority to act on behalf of that society.											<input type="checkbox"/>
B. I enclose :											<input type="checkbox"/>
1) payment of the registration fee of £40;											<input type="checkbox"/>
2) a copy of the Society's Constitution; and											<input type="checkbox"/>
3) A copy of the Appointment of Promoter and Certified Members form											<input type="checkbox"/>
C. 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.											<input type="checkbox"/>
Signature:											
Date:											
Capacity:											

Notes for Guidance:

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, or**
- (b) a person who will, or may be, connected with 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.**