

Blackpool Council

GAMBLING ACT 2005

SMALL SOCIETY LOTTERIES: APPOINTMENT OF PROMOTER AND CERTIFYING MEMBERS

**(RELATING TO A LOTTERY
HELD UNDER THE GAMBLING ACT 2005 AS PER
PARAGRAPH 39 OF SCHEDULE 11)**

<i>Applicants Name:</i>	
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Contact

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

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Appointment of Promoter

Name of Society:							
Address of office or Head Office of Society							
		Post Code					
Telephone Number		Mobile Number					
Registration Number (if known)							

The Committee of the said Society (being the Governing body of the said Society) hereby appoints to the position of promoter the following person, being either; A) a member of the Society of full age or; B) an External Lottery Manager (who holds a lottery manager operating licence issued by the Gambling Commission)

A) Member of the Society:

Name:							
Home Address							
		Post Code					
Telephone Number		Mobile Number					
Date:		Signature:					

B) External Lottery Manager

Name:							
Home Address							
		Post Code					
Telephone Number		Mobile Number					
Date:		Signature:					

Declaration of Society

Signed on behalf of the said Committee at its meeting on	Date	Month	Year
Name:			
Position in Society:		Signature:	

NB - This document should be signed by the Secretary or Chairman of the Society

Appointment of Certified Members

Name of Society:							
Address of office or Head Office of Society							
		Post Code					
Telephone Number		Mobile Number					
Registration Number (if known)							

The Committee of the said Society (being the Governing body of the said Society) hereby appoints the following, being members of the Society of full age, for the purposes of certifying returns made by the promoter of any of the Society's lotteries (At least two certifying members are required to sign each return)

Name:							
Home Address							
		Post Code					
Telephone Number		Mobile Number					
Date:		Signature:					

Name:							
Home Address							
		Post Code					
Telephone Number		Mobile Number					
Date:		Signature:					

Name:							
Home Address							
		Post Code					
Telephone Number		Mobile Number					
Date:		Signature:					

(Note – At least **two** certifying members are required to sign each return. It might be convenient for more to be authorised, to ensure the availability of two when required).

Signed on behalf of the said Committee at its meeting on	Date	Month	Year
Name:			
Position in Society:		Signature:	

NB - This document should be signed by the Secretary or Chairman of the Society