

# Wiltshire Council

Where everybody matters

**GAMBLING ACT 2005**

**APPLICATION FORM**

**REGISTRATION OF NON-COMMERCIAL SMALL SOCIETY LOTTERIES**

| A. DETAILS OF SOCIETY   |          |
|---|----------|
| Name of Society:  |          |
| Address of Office or Head Office of Society including postcode:<br><i>(Please note the Head Office must be within the Wiltshire Council area)</i> |          |
| Telephone number of Society:  |          |
| Please state the purpose(s) for which the Society is established and conducted:   |          |
| If the Society is a registered charity, please give the Society's unique charity registration number:   |          |
| 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 |
| If YES, has the Operating Licence been revoked in the period of five years ending with the date of this application?                              | YES / NO |
| If YES, please state the reasons for revocation and enclose a copy of the Notice of Revocation if one is available:                               |          |
| Has the Society applied for and been refused an Operating Licence in the period of five years ending with date of registration?                   | YES / NO |

| B. INFORMATION REGARDING PERSON APPLYING ON BEHALF OF THE SOCIETY |  |
|---|--|
| Name:   |  |
| Address (including postcode):                                     |  |
| Capacity:   |  |
| Daytime telephone number  |  |

| 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 below <input type="checkbox"/>        |
| Address (including postcode):  |   |
| Telephone number:  |   |
| Email address (optional):  |   |

| DECLARATIONS  | Please tick              |
|---|--------------------------|
| 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 or misleading in, or in relation to, this application. | <input type="checkbox"/> |
| 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"/> |
| Enclose payment of the registration fee of £40.00   | <input type="checkbox"/> |

**Signed:** .....

**Dated:** .....

**Capacity:** .....  
*(If signed on behalf of Company or Partnership)*

| APPOINTED SIGNATORIES FOR THE PURPOSE OF RETURNS            |            |
|---|------------|
| <i>Two Signatories are required other than the Promoter</i> |            |
| Name:   | Name:      |
| Address:  | Address:   |
| Signature:  | Signature: |

**Notes**

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 think that:

- a. The Society is not a non-commercial Society
- 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.