

**APPLICATION FORM FOR REGISTRATION OF NON -COMMERCIAL SMALL SOCIETY
LOTTERIES
(PART 5 SCHEDULE 11 OF THE GAMBLING ACT 2005)**

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

Mansfield District Council
Licensing Division
Civic Centre
Chesterfield Road South
Mansfield
Notts
NG19 7BH



**Mansfield
District Council**
*Creating a District where
People can Succeed*

SECTION A – Details of society applying for registration

1. Name of society.....
2. Address (including postcode) of office or head office of society
.....
.....
.....
3. Telephone number of society.....
4. Please state the purpose(s) for which the society is established and conducted
.....
.....
.....
5. If the society is a registered charity, please give the society's unique charity registration number
.....

6. 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

7. If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?

Yes No

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 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

10. Name.....

11. Capacity.....

12. Address (including postcode)

.....
.....
.....

13. Daytime telephone number.....

SECTION C – Contact details for correspondence associated with this application

14. Please tick one box as appropriate to indicate address for correspondence in relation to this application:

Address in section A Address in section B Address below

Address (including postcode)

.....
.....
.....

Telephone number.....

Email address

SECTION D – Declaration

15. Please complete the following declaration and checklist:

I *[Full Name]*

.....

a. make this application on behalf of the society referred to in Section A and have authority to act on behalf of that society.

b. enclose payment of the registration fee of £40

c. 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
