



SOLIHULL METROPOLITAN BOROUGH COUNCIL
P O Box 1833, Council House, Solihull, B91 9DZ
Telephone No. 0121 704 8003 Fax No. 0121 704 6888

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY

This form is prescribed by regulation 3 (1)(a) of the Small Society Lotteries (Registration of Non-Commercial Societies) Regulations 2007

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

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 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 If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?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 (if the applicant is happy for correspondence in relation to this application to be sent via email)

SECTION D – Declaration

15. Please complete the following declaration and checklist:

I [*print 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 _____

Date _____

Capacity _____

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 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**

GAMBLING ACT 2005

Name of Society:

Address:

Telephone No:

The following named persons are members of _____

Society:

Chairman:

Full name _____

Date of birth _____

Address _____

Secretary:

Full name _____

Date of birth _____

Address _____

Treasurer:

Full name _____

Date of birth _____

Address _____

Other members of the Management Committee (if any)

1.

Full name _____

Date of birth _____

Address _____

2.

Full name _____

Date of birth _____

Address _____

3.

Full name _____

Date of birth _____

Address _____

4.

Full name _____

Date of birth _____

Address _____

Date: _____

Signature: _____

(Secretary)