GAMBLING ACT 2005

APPLICATION FOR REGISTRATION

To the Stafford Borough Council
I,
Of
HEREBY APPLY for and on behalf of the
Whose [head] office is situate at

within the area of the above mentioned local authority, for registration of the said Society.

AND I DECLARE that the purposes for which the said Society is established and conducted are as follows:

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If the answer is Yes, has the operating licence been revoked in the period of five years ending with the date of this application? YES/NO

If the answer is Yes, please state the reasons for the 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 the date of this application? YES/NO

AND I FURTHER DECLARE I make this application on behalf of the society and have authority to act on behalf of that society. 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.

I enclose the sum of £40.00, the registration fee payable on this application.

DATED this	day of	20
	SIGNED	
	Position held in the above Society	

TO: STAFFORD BOROUGH COUNCIL

GAMBLING ACT 2005

NOTICE OF AUTHORISED SIGNATORIES

NAME OF SOCIETY We, the undersigned being members of the governing body of the above named Society hereby authorise:-NAME IN CAPS Mr/Mrs/Miss/Other) Not to (1)) include Address) the) Promoter Day Time Tel. No. NAME IN CAPS Mr/Mrs/Miss/Other) Not to (2)) include Address) the) Promoter Day Time Tel. No. being members of the Society and persons of full age, to certify the returns made by the Promoter. Dated this day of 20

Signatories of 2 members OTHER than those named above					
Signed*	NAME IN CAPS				
Signed*	NAME IN CAPS				

*Please note - <u>4 different</u> names must be inserted in these spaces.

TO: STAFFORD BOROUGH COUNCIL

GAMBLING ACT 2005

NOTICE OF PROMOTER

	Note:- The promoter must be the person responsible for the day to day manag of the Lottery and not just an official of the Society who has no involver with the running of the Lottery.					
	NAME OF	SOCIETY:				
	We, the undersigned, being members of the governing body of the above named Society					
	hereby authorise:-					
BLOCK LETTERS	*NAME	MR/MRS/MISS	OTHER			
	ADDRESS					
	CONTACT NUMBER					
	Being a member of the Society to act as PROMOTER of Lotteries on behalf of the above Society.					
	Dated this	3	day of		20	
	Signatures of 2 members other than the above named					
	Signed			*NAME IN (CAPS	
	Day Time Tel No					
	Signed			*NAME IN (CAPS	
	Day Time	Tel No				

* Please note - 3 different names must be inserted in these spaces