



**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

(1) Mr/Mrs/Miss/Other ..... \*Signature ..... ) Not to  
Address ..... ) include  
Day Time Tel. No. .... ) Promoter

NAME IN CAPS

(2) Mr/Mrs/Miss/Other ..... \*Signature ..... ) Not to  
Address ..... ) include  
Day Time Tel. No. .... ) Promoter

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 - 4 different 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 management of the Lottery and not just an official of the Society who has no involvement 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 \_\_\_\_\_ 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