

To Castle Point Borough Council
Licensing Department
Kiln Road
Benfleet
Essex SS7 1TF

Application for Registration of Non Commercial Society

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

Section A details of society applying for registration

1. Name of society.....

2. Address (including Postcode) of office or head office of society

.....

.....

.....Postcode.....

3. Telephone number of society.....

4. Please state the purpose(s) for which the society is established and conducted

Does the society employ a person or body to promote all or part of the lottery? Yes ☐ No ☐

If so is that person or body licensed by the charity commission as an external lottery manager (ELM)? Yes ☐ No ☐

5. if the society is a registered charity, please give the society's charity registration number

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 If the answer to question 6 is yes has the operating licence been revoked in the period of five years ending with the date of this application?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 the person applying on behalf of the society

10. Name.....

11. Capacity.....

12. Address.....

.....Postcode.....

13. Daytime telephone number.....

Section C – Contact details for correspondence associated with the application

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

Address in section A ☐ Address in section B ☐ Address below ☐

Address.....

.....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

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 of £40.00 (cheques made payable to Castle Point Borough Council)

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.....

Print name.....

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.

Please send completed forms and payment to:

Licensing Department, Castle Point Borough Council, Kiln Road, Benfleet, Essex SS7 1TF

The information supplied on this form will be held on a computer. Castle Point Borough Council may use this information to check other information supplied by you to the Council. The Council may from time to time disclose some of this information in accordance with the Data Protection Act 1984.

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