



The Licensing Team
Environmental Health & Housing
North Devon Council
PO BOX 379, Barnstaple, Devon,
EX32 2GR

Contact Details:
Tel: 01271 388870

Email: licensing@northdevon.gov.uk
Web: www.northdevon.gov.uk/licensing

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY LOTTERY

Form Ref: GA05/SSL/1

Privacy Notice – privacy & data protection

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: www.northdevon.gov.uk/privacy

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand, please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You should keep a copy of the completed form for your records.

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY LOTTERY

Under Regulation 3(1)(a) of the Small Society Lotteries (Registration of Non-Commercial Societies) Regulations 2007

Part 1 – Society Details			
1. Name of Society			
2. Address of office or head office of Society			
Post Town		Postcode	
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			
			<i>Please tick</i> ✓
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
			<input type="checkbox"/>
			<input type="checkbox"/>
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 If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?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
			<input type="checkbox"/>
			<input type="checkbox"/>
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
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2 – General information about person applying on behalf of society			
10. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)			
Surname			
Forenames			
11. Capacity			
12. Address			
Post Town		Postcode	
13. Daytime telephone number			

Part 3 – 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 part 1 Address in part 2 Address below

Post town Post code

Telephone number (if any)

E-mail address (if the applicant is happy for correspondence in relation to this application to be sent via e-mail)

Part 4 – Declaration

The information contained in this form is correct to the best of my knowledge and belief.

15. Please complete the following declaration and checklist:

I

[full name]

Please tick ✓

- make this application on behalf of the society referred to in Section A and have authority to act on behalf of that society.
- enclose payment of the registration fee of **£40**.
- confirm that the society for which registration is sought is a non-commercial society.
- 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 have enclosed a copy of the terms and conditions of the society.
- I have enclosed a copy of the constitution to confirm non-commercial society status.

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 this 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.