

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY

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

The Licensing Section
Fenland District Council
Fenland Hall
County Road
March
PE15 8NQ



SECTION A – Details of the society applying for registration

1. Name of the society:

.....

2. Address (including postcode) of office or head office of the society:

.....

.....

..... Post Code:

3. Telephone number of the 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:

.....

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? (please tick)

'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 If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application? (please tick)

'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? (please tick)

'Yes' 'No'

SECTION B – General information about the person applying on behalf of the society

10. Full name:

11. Capacity:

12. Address (including postcode):

.....
.....
..... Post Code:

13. Daytime telephone number:

SECTION C – Contact details for correspondence associated with this application

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

Address in section A Address in section B Address below

Address (including postcode):

.....
..... Post Code:

Daytime telephone number:

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

.....

SECTION D – Declaration

15. Please complete the following declaration and checklist:

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 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 thinks 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.**

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see <http://www.fenland.gov.uk/article/1926/National-Fraud-Initiative> or contact 01354 654321.