This form is prescribed by regulation 3 (1)(a) of the Small Lotteries (Registration of Non-Commercial Societies) Regulations 2007

APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY

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

To: Medway Council
Licensing Unit
Gun Wharf, Dock Road
Chatham, Kent ME4 4TR



	Chatham, Kent ME4 41R) COUNCIL	
		Serving You	
SE	ECTION A – Details of society applying for	or registration	
1.	Name of society:-		
2. Address (including postcode) of office or head office of society:-		nead office of society:-	
	Address (melading posteres) of emos of med emos of ecolory.		
_	Talanhana mumba afaasisha		
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		
0.	number:-		
6.	Has the society held an operating licence under the Gambling Act 2005 in the period of five		
0.	years ending with the date of this application? Yes \(\square\) No \(\square\)		
7. If the answer to question 6 is 'Yes' has the operating licence been revoked i		e operating licence been revoked in the period of five	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:-		
^	lles the consist condication and become	and an approximation linears in the province of the constant	
9.	ending with the date of this application?	sed an operating licence in the period of five years Yes No	
C F			
	ECTION B – General information about the	ne person applying on benair of society	
10	. Name:-		
11. Capacity:-			

Address (including postcode):-		
13. Daytime telephone number:-		
SECTION C - 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 section A Address in section B Address below		
Address (including postcode):-		
Telephone number:-		
Email address (if the applicant is happy for correspondence in relation to this application to be sent via e-mail):-		
SECTION D – Declaration		
15. Please complete the following declaration and checklist:-		
I (full name)		
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		
Notes 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.		