

## APPLICATION FORM FOR REGISTRATION OF NON-COMMERCIAL SOCIETY



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

### SECTION A – Details of society applying for registration

1. Name of society
2. Address (including postcode) of office or head office of society
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
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 If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?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 person applying on behalf of society

10. Name
11. Capacity
12. 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)

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**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.

Name and Signature :

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**Date:**

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**Capacity:**

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**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.**


## London Borough of Sutton applicants:


The completed application should be sent to:-


**London Borough of Sutton, Licensing Team, 24 Denmark Road, Carshalton, SM5 2JG.**

Alternatively you can send a scanned PDF copy of your application to [licensing@sutton.gov.uk](mailto:licensing@sutton.gov.uk)

The following **Payment Options** are available:

 **Online:** Debit and Credit Card payments can be made using our online payment facility at [https://www.sutton.gov.uk/info/200466/pay\\_for\\_it](https://www.sutton.gov.uk/info/200466/pay_for_it)

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8770 5000, selecting options 5 then 2

 **Post:** Cheques or postal orders should be made payable to 'Sutton Council'

Please note any statutory consultation periods will not commence until payment has been made and we have received your application form. It is your responsibility to contact us if you experience a problem in paying for your application.


## Royal Borough of Kingston upon Thames applicants:

The completed application should be sent to:-

**Royal Borough of Kingston upon Thames, Licensing Team, Guildhall 2, High Street, Kingston, KT1 1EU.**

Alternatively you can send a scanned PDF copy of your application to [licensing@kingston.gov.uk](mailto:licensing@kingston.gov.uk)

The following **Payment Options** are available:

 **Post:** Cheques or postal orders should be made payable to 'Kingston Council'

 **Telephone:** Debit and Credit Card payments can be made by ringing (020) 8547 5080

If you wish to pay in this way, give clear telephone contact details on the top of the application form or in a covering letter. We will then contact you once we have received your form. Please note any statutory consultation periods will not commence until payment has been made. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.