This form is prescribed by regulation 3(1)(a) of the Small Society 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

Senior Environmental Health Officer (Licensing)
Public Protection Division
Pembrokeshire County Council
County Hall
Haverfordwest
Pembrokeshire
SA61 1TP



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 reg				er:	
6.	Has the society held an operating licence under the Gambling Act 2005 in the pending with the date of this application? 'Yes' (No')	erio	d of f	ive ye	ears	
7.	If the answer to question 6 is 'Yes', has the operating licence been revoked in the years ending with the date of this application? 'Yes' (No')	he p	eriod	of fiv	'e	
8.	If the answer to question 7 is 'Yes', please state the reasons for revocation and the notice of revocation if one is available.	enc	lose	a cop	y of	
9.	Has the society applied for and been refused an operating licence in the period ending with the date of this application? 'Yes' '\bar{\text{\text{\text{\text{\text{\text{e}}}}}} 'No' \bar{\text{\text{\text{\text{\text{\text{e}}}}}}	of fi	ve ye	ars		

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 email)			
SEC1 15.	FION D – Declaration Please complete the following declaration and checklist:			
[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 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.				