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: Licensing Services, St Edmundsbury Borough Council, West Suffolk House, Western Way, Bury St Edmunds, Suffolk IP33 3YU

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 If the answer to question 6 is ‘Yes’, has the operating licence been revoked in the period of five years ending with the date of this application?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.

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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) ........................................................................................................
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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) ...........................................................................................................
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Telephone number .........................................................................................................................

Email address (if the applicant is happy for correspondence in relation to this application to be sent via email)

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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 relation to, this application.

Signature ..................................................................................................................................................

Date .......................................................................................................................................................

Capacity ..................................................................................................................................................