RENEWAL 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: **The Licensing Team**
Environmental Health and Licensing
Albery House
Springfield Road
Horsham, West Sussex
RH12 2GB

Tel: 01403 215578 / 01403 215525

Email: licensing@horsham.gov.uk

Horsham District Council

SECTION A – Details of society applying for renewal registration

1. Name of society and registration number.

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 If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?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

Email address (if the applicant is happy for correspondence in relation to this application to be sent via e-mail. Please note the preference is for applicants to provide an email address as it helps with renewal reminders the following year. This can be a general email address for an association.)

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

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 renewal fee payment reference or make payment of £20 via 01403 215525

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

Full Name

Capacity

Date:

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.

Our full privacy policy is available at: https://www.horsham.gov.uk/