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| Please return to: Licensing Team  Shared Regulatory Services, Civic Offices, Holton Road  Barry, Vale of Glamorgan CF63 4RU  <Tel:01446> 709105 | |  |
| **Gambling Act 2005**  **Small Society Lottery Authorisation** | | |
| **1. Promoter details** | | |
| Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other (please state)……………….. | | |
| Full Name |  | |
| Full Address (including postcode) as stated on tickets |  | |
| Telephone No. |  | |
|  |  | |
| **I the promoter named above of** | | |
| **2. Society details** | | |
| Name |  | |
| Address (including postcode of office or head office) |  | |
| Telephone No. |  | |
|  |  | |
| **authorise the following society members to act as the sole signatories for schedules of return relating to all lotteries held by this society. (Two signatories required)** | | |
| **First signatory** | | |
| Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other (please state)……………….. | | |
| Full Name |  | |
| Full Address (including postcode) |  | |
| Telephone No: |  | |
| Signature: |  | |
| **Second signatory** | | |
| Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other (please state)……………….. | | |
| Full Name |  | |
| Full Address (including postcode) |  | |
| Telephone No. |  | |
| Signature: |  | |
| **I confirm that only the two above signatories, who are aged 18 or over, will be permitted to authorise any schedules of return.**  **I confirm that I represent a bona-fide non commercial society.**  **In the event of any amendments to this authorisation I shall notify the authority with the relevant information**  **Date…………………….... Signed ……………………………………………(promoter)** | | |