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| Please return to: Licensing TeamShared Regulatory Services, Civic Offices, Holton RoadBarry, Vale of Glamorgan CF63 4RUTel: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)** |