

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.

To:

Licensing Team
Milton Keynes Council
Civic
1 Saxon Gate East
Central Milton Keynes
MK9 3EJ



SECTION A – Details of society applying for registration

1. Name of society.....

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2. Address (including postcode) of office or head office of society.....

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3. Telephone number of society.....

4. Please state the purpose (s) for which the society is established and conducted

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 If the answer to question 6 is 'Yes', has the operating licence been revoked in the period of five years ending with the date of this application?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

10. You must provide a written constitution outlining its purpose. The committee must formally adopt and minute the constitution, which may be amended as needed. Please see the Model Constitution guidance document to assist you.

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).....

.....

Telephone number.....

Email address

(N.B. THE RENEWAL FEE AND RETURN OF ACCOUNTS REMINDER SHALL BE SENT TO THIS EMAIL ADDRESS – PLEASE SUPPLY A BUSINESS EMAIL ADDRESS AND NOT PERSONAL 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 new or £20 renewal (payable to Milton Keynes Council).
- 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.
- d. Enclose a copy of the society constitution if not a charity

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 believe 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.**

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