

GAMBLING ACT 2005

APPLICATION FOR CANCELLATION/SURRENDER OF A SMALL SOCIETY LOTTERY REGISTRATION NUMBER: SL

1) PROMOTER DETAILS

Full Name of Applicant	
Position in Society (if any)	
Address of applicant (inc Postcode)	
Telephone Number	
Date of Birth	

2) ORGANISATIONS DETAILS

Name of Society / Organisation	
Address of Society / Organisation (Head Office)	
Registered Charity Number (if applicable)	

N.B. Any changes to the above information should be notified to the Council in writing as soon as possible.

3) CORRESPONDENCE	
Name and address to whom you wish correspondence to be addressed if not the promoter stated in Section 1.	Name
	Address

I ('promoter') apply to **Warrington Borough Council** for and on behalf of the above named Society which is bona-fide non-commercial society and is situated or operates within the area of **Warrington Borough Council**, for the cancelation/surrender of the above registration under the Gambling Act 2005.

SIGNED (applicant)	
DATED	
Please ret	urn to
Licensing Sec	ction, Town Hall, Sankey Street, Warrington, WA1 1UH