

**SMALL SOCIETY LOTTERY RETURN**

**GAMBLING ACT 2005 – SCHEDULE 11, PART 4**

This return must be signed by two members of the Society appointed in writing for that purpose by the Society, or its governing body if applicable, **and** accompanied by a copy of that appointment. All signatories must be over the age of 18 years.

This statement must be submitted **no later than three months** beginning on the day on which the draw (or last draw) in the lottery took place.

|  |
| --- |
| Section 1: Society details |
| Name of society: |
| Registration number: |
| Email:  |

|  |
| --- |
| Section 2: Details of lottery  |
| Dates on which tickets were available for sale or supply: |
| Dates of any draw(s): |
| Arrangements for prizes, including any rollover: |

|  |
| --- |
| **Section 3: Proceeds of the lottery** |
| Amount raised by lottery: £ |
| Amounts deducted by the promoters of the lottery for the provision of prizes (including the provision of any prize in accordance with any rollover): £ |
| Amounts deducted by the promoters of the lottery in respect of any other costs incurred in organising the lottery: £ |
| Any amount applied to the purpose for which the promoting Society is conducted: £ |
| Whether any expenses in connection with the lottery were paid otherwise than by deducted from the proceeds, and, if they were:1. The amount of the expenses, and
2. The sources from which they were paid

£ |

|  |
| --- |
| Declaration  |
| We the undersigned, being two members of the Society who are appointed in writing by the Society, or its governing body, submit this return to the Licensing Authority in accordance with the provisions of Schedule 11, Part 4, Paragraph 39 of the Gambling Act 2005.We understand that it is an offence under section 342 of the Gambling Act 2005 to give any false or misleading information within this return.

|  |  |
| --- | --- |
| **Full name** |  |
| **Capacity** **(e.g. treasurer, secretary)** |  |
| **Signed** |  |
| **Dated**  |  |

|  |  |
| --- | --- |
| **Full name** |  |
| **Capacity** **(e.g. treasurer, secretary)** |  |
| **Signed** |  |
| **Dated**  |  |

**Please tick one of the following boxes to confirm:**

|  |  |
| --- | --- |
| I have enclosed a copy of the appointment of the above signatories |  |
| A copy of appointment of the above signatories has previously been provided |  |

 |