



In accordance with Schedule 11, Part 4, paragraph 39 of the Gambling Act 2005.

RETURN FORM FOR SMALL SOCIETY LOTTERIES REGISTERED WITH THE LOCAL AUTHORITY

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

The promoting society of a small society lottery has a duty to accurately reflect the results of any lottery it holds. This is done by submitting a statutory “return” to the local authority during the period of three months beginning with the day on which the draw (or the last draw) in the lottery takes place.

The return must be signed by two members of the society who are appointed for the purpose in writing by the society or, if it has one, its governing body.

This form must be returned to: The Licensing Department, Swale Borough Council, Swale House, East Street, Sittingbourne, Kent, ME10 3HT
Email: licensing@swale.gov.uk

If you are completing this form by hand, please write legibly in block capitals using ink. If you need additional copies you may photocopy or download from the Council’s website www.swale.gov.uk

You may wish to keep a copy of the completed form for your records.

SECTION A – Details of society

1. Name of Society:

2. Licensing Authority issued -registration number of Society:

3. Address (including postcode) of office or head office of society:

4. Telephone:

Fax:

5. Email:

SECTION B – Details of lottery

6. Dates tickets available:

from:

to:

7. Dates of lottery draw:

8. Number of tickets issued:

9. Number of tickets sold:

10. Price of individual tickets:

£

SECTION C – Distribution of proceeds

11. Total ticket sales:

£

A

TOTAL SALES

Less Cost incurred:

12. Total expenses:

£

B

13. Total expenses **not** deducted
from proceeds of lottery:

£

13a Please specify how and where those costs in question 13 (if any) were otherwise met:

Less Prizes:

14. Amount deducted for prizes:

15. Total Rollover Prizes:

+

£

= £

C

TOTAL PRIZES

16. Estimated value of
donated prizes:

£

= £

PLEASE NOTE:

No one prize must exceed £25,000 in value.

SECTION D- Summary of total proceeds:

17. Total Ticket Sales: £ A

18. Total Expenses: - £ B

19. Total Prizes: - £ C

20. Balance to Society: = £ D

PLEASE NOTE:

Combined total cost of prizes and expenses must not exceed 80% of the total value of ticket sales.

SECTION E – Declaration

21. Please complete the following declaration and checklist:

- (a) This return is submitted on behalf of the society referred to in Section A and has been checked and verified by the following two members of the society (who are over 18 years of age) and who have been appointed in writing for this purpose or alternatively the governing body for the society.
- (b) A copy of the written authorisation referred to in (a) above is enclosed.
- (c) We confirm that, to the best of our knowledge, the information contained in this statement is true. We understand that it is an offence under section 342 of the Gambling Act 2005 to give information which is false or misleading in, or in relation to, this statement.

Details of authorised society member (1)

Full name:

Signature:

Date:

Position held in society:

Details of authorised society member – (2)

Full name:

Signature:

Date:

Position held in society:

OR:

Details of governing body of society:

Name of body:

Authorised
signatory:

Date:

PLEASE NOTE THAT IT IS AN OFFENCE UNDER SECTION 342 OF THE GAMBLING ACT 2005, TO GIVE ANY FALSE OR MISLEADING INFORMATION WITHIN THIS RETURN.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

The Council may provide information submitted on any application form for a licence or permission to other statutory authorities, such as the Department of Culture, Media and Sport (DCMS), Her Majesty's Revenue and Customs (HMRC) and, in the case of application under the Gambling Act 2005, the Gambling Commission.

For Office Use Only:

Return form checked by the following Officer and found to be satisfactory / unsatisfactory.

Signed:

Print Name:

Capacity:

Dated: