

CESHIRE WEST AND CHESTER BOROUGH COUNCIL

GAMBLING ACT 2005

SIGNATORIES AUTHORISED BY THE SOCIETY

1. Name of Society
2. Address of Office/Head Office of the Society

3. Reference Number on Certificate

4. Name & Address (& position in Society if any) of Member of full age authorised in writing by governing body of Society to act as the Promoter.

NAME IN FULL

DATE OF BIRTH

HOME ADDRESS

DAYTIME TELEPHONE NUMBER

SIGNATURE

(ANY CHANGES UNDER 4. ABOVE SHOULD BE NOTIFIED TO THE LOCAL AUTHORITY).

5. **FULL NAMES, DATES OF BIRTH, ADDRESSES AND SIGNATURES** of two Members of full age other than the Promoter stated above, authorised in writing by the governing body of the Society to **CERTIFY THE RETURNS:**

(a)

.....**DOB**

Signature

(b)

.....**DOB**

Signature

Please return to:

Licensing Team
Cheshire West and Chester
Council
The Portal
Ellesmere Port
CH65 0BA